

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90364 036 \*\*\*150.00

**DOCUMENT # P00000062888**

1. Entity Name  
**BUILDING ELEMENTS, INC**



Principal Place of Business  
**4324 ROYAL OAK LN  
NEW PORT RICHEY FL 34653**

Mailing Address  
**4324 ROYAL OAK LN  
NEW PORT RICHEY FL 34653**



2. Principal Place of Business  
**BUILDING ELEMENTS**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**4324 ROYAL OAK LN.**

Suite, Apt. #, etc.

City & State  
**NEW PORT RICHEY FL.**

City & State

Zip  
**34653**

Country  
**U.S.**

Zip

Country

4. FEI Number  
**59-3654649**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**RICHARDS, JACOB W  
4324 ROYAL OAK LN  
NEW PORT RICHEY FL 34653**

## 7. Name and Address of New Registered Agent

Name **BUILDING ELEMENTS JACOB RICHARDS**  
Street Address (P.O. Box Number is Not Acceptable)  
**4324 ROYAL OAK LN.  
NEW PORT RICHEY FL**  
City, **FL** Zip Code **34653**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacob Richards*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4-28-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **RICHARDS, JACOB W**  
STREET ADDRESS **4324 ROYAL OAK LN**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Jacob Richards* **JACOB RICHARDS** 4-28-03 727-744-5577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)