

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063449

1. Entity Name

CONSTRUCTION MATERIAL BROKERS CO.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90048 027 ***158.75

Principal Place of Business

210 E. HORNBEAM DR.
LONGWOOD FL 32779

Mailing Address

210 E. HORNBEAM DR.
LONGWOOD FL 32779

2. Principal Place of Business

900 FOX VALLEY DR.

3. Mailing Address

P.O. Box 917549

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

59-3658004

Applied For

Not Applicable

Zip

32779

Country

US

Zip

32791-7549

Country

US

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESLIE, MARK D
210 E. HORNBEAM DR.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME LESLIE, MARK D
STREET ADDRESS 210 E. HORNBEAM DR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD ☐ Delete
NAME WHITE, RUTH I
STREET ADDRESS 210 E. HORNBEAM DR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark D. Leslie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK D LESLIE

4/6/01

Date

(407) 269-0361

Daytime Phone #

CR2E034 (10/00)