

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069440

1. Entity Name  
SEMINOLE CONSTRUCTION SUPPLY, INC.

Principal Place of Business Mailing Address  
100 BANNERMAN RD 1704 Capital Circle NE  
TALLAHASSEE FL 32312 32308-5504 TALLAHASSEE FL 32312 32308-5504

2. Principal Place of Business 3. Mailing Address  
1704 Capital Circle NE 1704 Capital Circle NE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Tallahassee FL Tallahassee, FL  
Zip Country Zip Country  
32308-5504 Leon 32308-5504 Leon

4. FEI Number 59-3540406 Applied For  
59-3540406 Not Applicable  
5. Certificate of Status Desired X \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
YARDIS, GAIL  
100 BANNERMAN RD 1704 Capital Circle NE  
TALLAHASSEE FL 32312 32308-5504

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 Gail K. Yardis, President x DATE 02/19/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	YARDIS, GAIL	198 BANNERMAN RD	TALLAHASSEE FL 32312	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1704 Capital Circle NE	Tallahassee, FL 32308-5504	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Gail K. Yardis President 2/19/01 850-662-4114  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED  
Mar 27, 2001 8:00 am  
Secretary of State

03-01-2001 90564 001 \*\*\*150.00  
03-01-2001 90564 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)