2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000071653

Entity Name: FLORIDA BUILDING MATERIALS, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6123 W JONES AVENUE 6321 W JONES AVENUE ZELLWOOD, FL 327981239 ZELLWOOD, FL 327981239 **Current Mailing Address: New Mailing Address:** PO BOX 1239 ZELLWOOD, FL 327981239 FEI Number: 59-3674935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAHLSE, CONNIE 4907 W KELLY PARK RD APOPKA, FL 327125173 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WARNER, COREY WARNER, COREY Name: Name: 2361 DAVIDS LANE 3361 DAVIDS LANE Address: Address: City-St-Zip: ZELLWOOD, FL 327980931 City-St-Zip: ZELLWOOD, FL 327980931 () Delete VD Title: Title: () Change () Addition Name: WAHLSE, CONNIE Name: 4907 W KELLY PARK RD Address: Address: APOPKA, FL 327125173 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition WARNER, SHAWN Name: Name: 3361 DAVIDS LANE Address: Address: City-St-Zip: ZELLWOOD, FL 327980931 City-St-Zip: Title: () Delete Title: (X) Change () Addition GORDON, PAUL GORDON, PAUL Name: Name: Address: 8708 ALGORE CIRCLE Address: 8708 ALEGRE CIRCLE City-St-Zip: City-St-Zip: ORLANDO, FL 32836 ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE WAHLSE VD 04/25/2002