

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90048 038 ***150.00

0560776 AT

DOCUMENT # P00000088833

1. Entity Name

AMERICAN TRADITIONAL BUILDERS, INC.

Principal Place of Business

20601 OBERLY PKWY
 ORLANDO FL 32833

Mailing Address

P O BOX 181
 CHRISTMAS FL 32709

2. Principal Place of Business

20601 OBERLY

3. Mailing Address

P.O. BOX 181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

CHRISTMAS FL

4. FEI Number

59-3688698

Applied For

Not Applicable

Zip

32833

Country

ORLANDO

Zip

32709

Country

ORLANDO

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PIPER, WILLIAM
 20601 OBERLY PKWY
 ORLANDO FL 32833

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

NO CHANGES

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, 2002 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: **D** ☐ Delete
 NAME: **INGRAM-PIPER, LINDA**
 STREET ADDRESS: **20601 OBERLY PKWY**
 CITY-ST-ZIP: **ORLANDO FL 32833**

TITLE: **D** ☐ Delete
 NAME: **PIPER, WILLIAM**
 STREET ADDRESS: **20601 OBERLY PKWY**
 CITY-ST-ZIP: **ORLANDO FL 32833**

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
 Date

(407-568-3355)
 Daytime Phone #

CR2E034 (9/01)