

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089749

Entity Name
BUILDERS PUBLISHING COMPANY INC.

Principal Place of Business
7827 DALE MABRY, SUITE 100
TAMPA FL 33614

Mailing Address
7827 DALE MABRY, SUITE 100
TAMPA FL 33614

2. Principal Place of Business

7821 N. DALE MABRY
Suite, Apt. #, etc.

SUITE 200
City & State

TAMPA FL

Zip
33614

Country
USA

3. Mailing Address

7821 N. DALE MABRY
Suite, Apt. #, etc.

SUITE 200
City & State

TAMPA FL

Zip
33614

Country
USA

4. FEI Number
59-3733861

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

ROGERS, OWEN
7827 DALE MABRY, SUITE 100
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name
Roberta Rogers
Street Address (P.O. Box Number is Not Acceptable)
18812 CHOPIN DR
City
LUTZ FL Zip Code
33549

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 Roberta Rogers. 8/01/01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
D
HUARD, BRAD
35140 GRAND RIVER
FARMINGTON HILLS MI 48335 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROGERS, OWEN
7827 DALE MABRY, SUITE 100
TAMPA FL 33614 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
NAME TITLE
STREET ADDRESS
CITY-ST-ZIP
ROBERTA ROGERS
DIRECTOR
18812 CHOPIN DR
LUTZ FL 33549 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004706874-3
-12/05/01--01086--001
****750.00 ****750.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
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 REQUIRED 11-13-01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 20 PM 12:36



REINSTATEMENT 9

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CR2E034 (5/01)