

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

10-03-2002 90050 027 \*\*\*150.00

DOCUMENT # **P00000089749**

1. Entity Name

**Builders Publishing Co. Inc**

**DO NOT WRITE IN THIS SPACE**

**981523**

2. Principal Place of Business

**4023 Tampa Rd**

3. Mailing Address

**4023 Tampa Rd**

Suite, Apt. #, etc.  
**2200**

Suite, Apt. #, etc.  
**2200**

City & State  
**Oldsmar**

City & State  
**Oldsmar**

Zip  
**FI**

Country  
**Pinellas**

Zip  
**FI**

Country  
**Pinellas**

4. FEI Number

**593733861**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Roberta Rogers**

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

**4023 Tampa Rd #2200**

City **Oldsmar**

**FL**

Zip Code  
**34677**

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 re-registering)

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
**Roberta Rogers-President  
4023 Tampa Rd #2200  
Oldsmar, FI 34677**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
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)(f), 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 resolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**

Attachment  
Jre.

981523

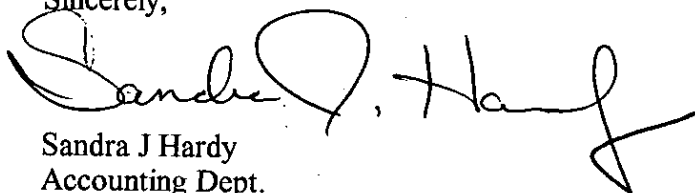
Uniform Business Reports  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

October 02, 2002

I spoke with a very helpful gentleman by the name of Doug at your help desk today and explained to him that our company had moved in January of this year. Due to this fact we never received a pre-printed UBR report for 2002. He told me to send a letter stating such along with the completed UBR and a check for \$150.00. I have enclosed the above and hope to get this matter settled. If I can be of any further assistance, please feel free to call (813) 936-9332.

Sincerely,

  
Sandra J Hardy  
Accounting Dept.