

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90119 031 ***150.00

DOCUMENT # P01000072570

1. Entity Name

TRUSSES UNLIMITED OF GEORGIA, INC.



Principal Place of Business

P.O. BOX 12267

JACKSONVILLE FL 32209

Mailing Address

P.O. BOX 12267

JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3732894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N

5150 BELFORT ROAD, BUILDING 100

JACKSONVILLE FL 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
KUESTER, KENNETH P
STREET ADDRESS
1601 HAWKCREST DRIVE
CITY-ST-ZIP
JACKSONVILLE FL 32223

☐ Delete

TITLE
NAME
P
NUNN, JACK JR
STREET ADDRESS
PO BOX 406
CITY-ST-ZIP
ELLIJAY GA 30540

☒ Delete

TITLE
NAME
ST
NUNN, AUBREY
STREET ADDRESS
PO BOX 1232
CITY-ST-ZIP
ELLIJAY GA 30540

☐ 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
DST
KUESTER, KEN
STREET ADDRESS
2175 WEST 18TH STREET
CITY-ST-ZIP
JACKSONVILLE, FLORIDA 32209

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
P
NUNN, AUBREY
STREET ADDRESS
P.O. BOX 1232
CITY-ST-ZIP
ELLIJAY, GEORGIA 30540

☒ Change ☐ Addition

TITLE
NAME
VP
STRAYER, ANTHONY
STREET ADDRESS
P.O. BOX 520
CITY-ST-ZIP
EAST ELLIJAY, GEORGIA 30539

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03

Date

Daytime Phone #

CR2E034 (10/02)