## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO10000 95175

## FILED Aug 14, 2002 8:00 am Secretary of State

08-14-2002 90023 005 \*\*\*158.75

Building Products of Florida, Inc. DO NOT WRITE IN THIS SPACE B0134247 2. Principal Place of Business That sum 13/10/208 44th St E 20 3370 3. Mailing Address 10208 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 7. Name and Address of Current Registered Agent TAY NET DO NOT WRITE IN THIS SPACE 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 take if applicable. (NQTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. (12/01) TITLE AMES R. GARDER NAME NAME 4th SPE STREET ADDRESS STREET ADDRESS CR2E034B City-St-ZIP CITY-ST-ZIP Treasure Island. 33706 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE. IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPEL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02

(121)360-4595

Building Figure 1 Products of Florida

Building Products of Florida 10208 4<sup>th</sup> Street East Treasure Island, FL. 33706 727-642-6873 (cell phone) 727-360-4595 (Office & fax) bldgprodfl@aol.com

August 12, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL. 32302-1500

## Dear Sir or Madam:

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I formed a new corporation and was formally notified that October 2, 2001 was the effective date of record. I was unaware that a UBR report was to be submitted since my corporation was only certified at the end of last year. I did not receive a Uniform Business Report form that was to have been mailed to me or any reminder notices; therefore I am submitting the report at this time. Attached is a check for \$ 158.75 with the UBR form downloaded from your website. Please let me know if there is further action required.

fa Chment

Sincerely,

James R. Garner