

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 015 ***150.00

DOCUMENT # P01000097301

1. Entity Name

BUILD CONCEPTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2136 OSPREY POINT DRIVE WEST

Suite, Apt. #, etc.

3. Mailing Address

2136 OSPREY POINT DRIVE WEST

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

US

Zip

32225

Country

US

4. FEI Number

59-3749669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

961135

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

**Name
RAX CO.**

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

C/O JAMES A. NOLAN III, ESQ.

50 NORTH LAURA STREET, SUITE 3300

City

JACKSONVILLE

FL

**Zip Code
32202**

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 reinstating)

DATE

**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	D/VP
NAME	BRIDGE, SCOTT
STREET ADDRESS	2136 OSPREY POINT DRIVE WEST
CITY- ST- ZIP	JACKSONVILLE, FL 32225
TITLE	D/P/S
NAME	PORTER, MARK A.
STREET ADDRESS	2136 OSPREY POINT DRIVE WEST
CITY- ST- ZIP	JACKSONVILLE, FL 32225
TITLE	S
NAME	JAMES A. NOLAN III, ESQ.
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3300
CITY- ST- ZIP	JACKSONVILLE, FL 32202

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

JAMES A. NOLAN, SECRETARY 5/1/02

904-798-2618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)