

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90668 043 \*\*\*150.00

0449307 AV

**DOCUMENT # P01000106169**

1. Entity Name

**BUILDING SERVICES INC.**

Principal Place of Business

**3773 CENTRAL AVENUE****SUITE A830****ST PETERSBURG FL 33713**

Mailing Address

**3773 CENTRAL AVENUE****SUITE A830****ST PETERSBURG FL 33713****80064657**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3755497		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent****WINEBRENNER, J M**  
**3773 CENTRAL AVENUE**  
**SUITE A830**  
**ST PETERSBURG FL 33713****7. Name and Address of New Registered Agent**

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.

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) ☒**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	SD
NAME	MCCULLOUGH, EDWARD F	NAME	
STREET ADDRESS	2550 STAG RUNNER BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33756	CITY-ST-ZIP	
TITLE	SD	TITLE	PD
NAME	DUNN, JAMES R	NAME	
STREET ADDRESS	7208 50TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33709	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES R DUNN**

3/4/02

Date

727/327-1202

Daytime Phone #

CR2E034 (9/01)