

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90663 015 ***150.00

DOCUMENT # P01000117207

1. Entity Name
GENERATION BUILDERS, INC



Principal Place of Business
**7617 ELLIS RD
W MELBOURNE FL 32904**

Mailing Address
**7617 ELLIS RD
W MELBOURNE FL 32904**

2. Principal Place of Business
135 5th Ave B
Suite, Apt. #, etc.

3. Mailing Address
135 5th Ave B
Suite, Apt. #, etc.

City & State
Indianatlantic FL
Zip
32903
Country
USA

City & State
Indianatlantic FL
Zip
32903
Country
USA

4. FEI Number
59-3760145

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALRON ENTERPRISES, INC.
390 NARRAGANSETT ST NE
PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **Greg B. Hayda**
Street Address (P.O. Box Number is Not Acceptable)
135 Fifth Ave #B
City **Indianatlantic** FL Zip Code **32903**

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 **Greg B. Hayda** DATE **2/7/03**
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYDA, GREG B	
STREET ADDRESS	7617 ELLIS RD	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hayda, Greg B	
STREET ADDRESS	135 5th Ave B	
CITY-ST-ZIP	Indianatlantic, FL 32903	
TITLE	1ST V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE ANDREWS	
STREET ADDRESS	135 B 5th AVE	
CITY-ST-ZIP	INDIATLANTIC FL 32903	
TITLE	V.P. OF FIELD OPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAITHAM TALEB	
STREET ADDRESS	135 B 5th AVE	
CITY-ST-ZIP	INDIATLANTIC, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **Greg B Hayda President** DATE **2/7/03** DAYTIME PHONE # **952-4350**
(321)

CR2E034 (10/02)