

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0015125 AV

DOCUMENT # P02000053065

1. Entity Name

BUILD-IT RITE, INC.



FILED

03 SEP 10 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4214 DEVONSHIRE LANE  
ORLANDO FL 32812

Mailing Address  
4214 DEVONSHIRE LANE  
ORLANDO FL 32812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3737572

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

NORRIS, SHEILA  
4214 DEVONSHIRE LANE  
ORLANDO FL 32812

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete  
NAME D  
STREET ADDRESS NORRIS, SHEILA  
CITY-ST-ZIP 4214 DEVONSHIRE LANE  
ORLANDO FL 32812

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800022926808  
CITY-ST-ZIP 09/10/03--01030--016 \*\*550.00

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NORRIS, GARY  
CITY-ST-ZIP 4214 DEVONSHIRE LANE  
ORLANDO FL 32812

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Sheila Norris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03 407/896-4740  
Date Daytime Phone #

CR2E034 (4/03)