

FILED
Mar 28, 2003 8:00 am
Secretary of State

01282378 ΔV

DOCUMENT # P02000064148

1. Entity Name
KROWN BUILDER'S SUPPLY, INC.



Principal Place of Business
2900 BURKE STREET
JACKSONVILLE FL 32254

Mailing Address
2900 BURKE STREET
JACKSONVILLE FL 32254

2. Principal Place of Business
2900 Burke St
Suite, Apt. #, etc.

3. Mailing Address
404 Beverly Ln
Suite, Apt. #, etc.

City & State
JAX FL
Zip
32254
Country

City & State
JAX FL
Zip
32254
Country

4. FEI Number
680509265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIDYETE, STEVEN A
2900 BURKE STREET
JACKSONVILLE FL 32254

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Steven A Midyette (President) 3-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MIDYETTE, STEVEN A
2900 BURKE STREET
JACKSONVILLE FL 32254

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PONSELL, R.H.
2900 BURKE STREET
JACKSONVILLE FL 32254

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☐ Change ☐ Addition

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 power hereby empowered.

SIGNATURE:  Steven A Midyette 3-20-03 693-4874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #