

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

ATX1

FILED

05 OCT 10 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000099994	
1. Entity Name	
BUILDERS PROFESSIONAL SERVICES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1628 SAN MARCO BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
9A City & State JACKSONVILLE, FL		City & State	
Zip 32207-3074	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1097755		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BURNETT, HOWARD	
Street Address (P.O. Box Number is Not Acceptable) 12818 HUNTLEY MANOR DR	
City JACKSONVILLE	FL Zip Code 32224

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGER, CARL SR 8584 OLD PLANK RD JACKSONVILLE FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, HOWARD 12818 HUNTLEY MANOR DR. JACKSONVILLE FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DENNIS 151 SAWGRASS CORNERS DR. #103 90 NW VEDRA BL. A 32072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TACCATI, SCOTT 12901 BIGGINS CHURCH RD JACKSONVILLE FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 600060728256 10/18/05--01083--001 \$550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	HOWARD BURNETT, VICE PRES.	9-1-05	904 306 0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #