

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009753

1. Entity Name  
SOUTH FLORIDA BUILDING & RESTORATION, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90094 031 \*\*\*150.00

Principal Place of Business Mailing Address  
9715 W BROWARD BLVD 9715 W BROWARD BLVD  
STE #176 STE #176  
FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324-2351  
US US

110031100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
8362 PINES BLVD 8362 Pines Blvd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
#380 #380  
City & State City & State  
PEMBROKE PINES, FL PEMBROKE PINES, FL

4. FEI Number 65-0401423 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
Zip 33024 Country US Zip 33024 Country US

6. Name and Address of Current Registered Agent  
HOUSEKNECHT, KEITH B  
9715 W. BROWARD BLVD. 176  
FT. LAUDERDALE FL 33324

7. Name and Address of New Registered Agent  
Name HOUSEKNECHT, KEITH B  
Street Address (P.O. Box Number is Not Acceptable)  
8362 PINES BLVD # 380  
City PEMBROKE PINES FL Zip Code 33024

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 Keith B. Houseknecht, Pres. 4/14/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is 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, 2000 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		<input type="checkbox"/> Delete
TITLE	PVST	
NAME	HOUSEKNECHT, KEITH B.	
STREET ADDRESS	9715 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	P/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	HOUSEKNECHT, KEITH B.		
STREET ADDRESS	8362 PINES BLVD. # 380		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
TITLE	V/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	HOUSEKNECHT, LORI A.		
STREET ADDRESS	8362 PINES BLVD # 380		
CITY-ST-ZIP	PEMBROKE PINES, FL 33024		
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			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Keith B. Houseknecht, Pres. 4/14/2000 (954) 965-8511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)