2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020833

1. Entity Name

LANIER BUILDERS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90146 009 ***150.00

Principal Place of Business	Mailing Address
1941 Island Walk Way Suite A Fernandina Beach, FL 32034	P.O. Box 652 Fernandina Beach, FL 32035-0652

2. Principal Place of Business	3. Mailing Address
2382 Salder Road	P.O. Box 15068
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach, FL	City & State: Fernandina Beach, FL
Zip: 32034 Country: USA	Zip: 32035 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3166870 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Larry Lanier
2187 Lanier Road
Fernandina Beach, FL 32034

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.

SIGNATURE ____________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

[illegible] FEE IS [illegible]
[illegible] May 1, 2000 Fee will be [illegible]
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Larry Lanier 2187 Lanier Road ~~Fernandina Beach, FL 32034~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 4/28/00 — PRESIDENT/OWNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date