

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073001

1. Entity Name

UNIVERSAL BUILDING SUPPLY, INC.

Principal Place of Business

Mailing Address

1966 CORPORATE SQUARE
LONGWOOD, FL 32750

2. Principal Place of Business
2628 N. DESIGN COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 100

City & State
SANFORD, FL

City & State

Zip
32773

Country
USA

Zip

Country

4. FEI Number
59-3219718

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

JEFFERY W. BURNEY
472 HOLBROOK COURT
LAKE MARY, FL 32746

Name

JEFFERY W. BURNEY

Street Address (P.O. Box Number is Not Acceptable)

31041 WHISPERING PINES COURT

City

SORRENTO

FL

Zip Code
32776

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

JEFFERY W. BURNEY

06-16-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature 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)

2

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
JEFFERY W. BURNEY
472 HOLBROOK COURT
LAKE MARY, FL 32746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
31041 WHISPERING PINES CT.
SORRENTO, FL 32776

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800003312448-0
-07/05/00--01013--019
*****908.75 *****908.75

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

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

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

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

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

JEFFERY W. BURNEY

06-16-00/407-302-7877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #