

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

REPUBLICAN  
ANNOUNCEMENT  
1995



FLORIDA DEPARTMENT OF STATE  
DESIGNATION  
STATE OF FLORIDA

APPROVED  
AND  
FILED

MAY - 1 11 5:17

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059211 (0)**

**BUILDERS CLEARINGHOUSE, INC.**

4150 NORTHMEADOW CIR  
TAMPA FL 33624

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TAMPA FL 33624

3. Filing Date	08/09/1994	3a. Type of Report	
4. FIC Number	59 3277053	Approved For	Not Applicable
5. Certificate of Status Issued	Yes	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under the Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. State of Incorporation	26. FIC Number
22. State of Principal Office	27. State of Principal Office
23. State of Principal Office	28. FIC Number
24. State of Principal Office	29. FIC Number

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>KHAJEH-NOORI, ABBAS</b> <b>4150 NORTHMEADOW CIR</b> <b>TAMPA FL 33624</b>	81. Name
	82. Street Address (P.O. Box Number is Not Applicable)
	83. City
	84. State
	85. Zip Code

11. Pursuant to the provisions of Sections 608.01, 608.02, and 608.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered office located in the State of Florida. Such change will be indicated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of a registered agent under the Florida Statutes.

SIGNATURE: *[Signature]* REGISTERED AGENT: *[Signature]*

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
NAME: <b>D KHAJEH-NORRI, ABBAS</b>	13.01. Name <input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS: <b>4150 NORTHMEADOW CIR</b>	13.02. Street Address <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY: <b>TAMPA FL 33624</b>	13.03. City <input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE: <b>FL</b>	13.04. State <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE: <b>33624</b>	13.05. Zip Code <input type="checkbox"/> Change <input type="checkbox"/> Addition
POSITION: <b>OFFICER</b>	13.06. Position <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF APPOINTMENT: <b>08/09/1994</b>	13.07. Date of Appointment <input type="checkbox"/> Change <input type="checkbox"/> Addition
TERMINATION DATE: <b>None</b>	13.08. Termination Date <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RESIGNATION: <b>None</b>	13.09. Date of Resignation <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF DEATH: <b>None</b>	13.10. Date of Death <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF REMOVAL: <b>None</b>	13.11. Date of Removal <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF REVOCATION: <b>None</b>	13.12. Date of Revocation <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RESTITUTION: <b>None</b>	13.13. Date of Restitution <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF REINSTATEMENT: <b>None</b>	13.14. Date of Reinstatement <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RECALL: <b>None</b>	13.15. Date of Recall <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RECALL: <b>None</b>	13.16. Date of Recall <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RECALL: <b>None</b>	13.17. Date of Recall <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RECALL: <b>None</b>	13.18. Date of Recall <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RECALL: <b>None</b>	13.19. Date of Recall <input type="checkbox"/> Change <input type="checkbox"/> Addition
DATE OF RECALL: <b>None</b>	13.20. Date of Recall <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is complete, true and correct and equally for the corporation stated in Sections 608.01, 608.02, and 608.03, Florida Statutes. I affirm that the corporation is in compliance with the provisions of the Florida Statutes regarding the registration of business corporations. Any change in the name of the corporation or the registered office of the corporation will be indicated by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of a registered agent under the Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR