## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P94000072844 BINDER BUILDING COMPANY, INC. 01-19-2000 90324 025 \*\*\*150.00 Mailing Address Principal Place of Business 1155 4TH ST SOUTH 1155 4TH ST SOUTH NAPLES FL 34102-7054 NAPLES FL 34102 00005126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0533808 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BINDER, BURTON A Street Address (P.O. Box Number is Not Acceptable) 1155 4TH ST SOUTH NAPLES FL 34102 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition ☐ Defete TITLE BINDER, BURTON A. NAME NAME STREET ADDRESS 1155 4TH ST SOUTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE WILLIAMS, BYRNE A. NAME NAME STREET ADDRESS STREET ADDRESS 563 3RD ST N. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change Addition Delete TITLE TITLE BINDER, JEANNE E NAME NAME STREET ADDRESS 1155 4TH ST SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 true e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

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Daytime Phone #

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: