FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 03, 2002 8:00 am P94000072844 DOCUMENT # **Secretary of State** 1. Entity Name 03-03-2002 90110 041 \*\*\*150.00 BINDER BUILDING COMPANY, INC. Principal Place of Business Mailing Address 1155 4TH ST SOUTH 1155 4TH ST SOUTH NAPLES FL 34102 NAPLES FL 34102 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0533808 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BINDER, BURTON A Street Address (P.O. Box Number is Not Acceptable) 1155 4TH ST SOUTH NAPLES FL 34102 Zip Code City FL 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change BINDER, BURTON A. NAME NAME 1155 4TH ST SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP TITLE Change Addition TITLE **₩** Delete HOBBS, JOSEPH R. 1317 MILLUODR NAPLES, FL 34/03 WILLIAMS, BYRNE A. NAME NAME STREET ADDRESS STREET ADDRESS 563 3RD ST N. CITY-ST-7IP CITY-ST-ZIP NAPLES FL ☐ Delete TITLE TITLE Change Addition NAME NAME BINDER JEANNE E-1155 4TH ST SOUTH STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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)(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 recorded 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.