## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P95000027430 Apr 20, 2000 8:00 am Secretary of State SS-20 BUILDING SYSTEMS, INC. 04-20-2000 90001 036 \*\*\*150.00 Principal Place of Business Mailing Address 419 12TH ST W 419 12TH ST W **BRADENTON FL 34205-7820 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address 12 5t. W. 431 19 54.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 203 Applied For City & State City & State 4. FEI Number 65-0582324 FL Bradenton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34 a05 วรล 34205 Fee Required 7.\_Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARTER, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 1227 9TH AVENUE WEST **BRADENTON FL 34205** Zip Code 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE Delete Woodward, Chris WOODWARD, CHRIS 431 12th 5t.W., Ste 203 NAME STREET ADDRESS STREET ADDRESS 1227 9TH AVE. WEST Bradenton, FL 34205 CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE CARTER, MICHAEL M NAME NAME 1227 9TH AVE. WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Change - Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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.

13. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/00

941-746-8170

Daytime Phone #