

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034693

1. Entity Name

CERTIFIED BUILDING CORP.

FILED

02 APR -8 PM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

421 6th AVE.

3. Mailing Address

P.O. Box 510247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIANAPOLIS, FL.

City & State

MELBOURNE Bch., FL.

Zip

32903

Country

USA

Zip

32951

Country

USA

4. FEI Number

59-3313073

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JEFF PARKER

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

211 ASH AVE.

MELBOURNE Bch., FL.

City

FL

Zip Code

32951

DO NOT WRITE
IN THIS SPACE

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)

DATE

JEFF PARKER

1-18-02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

JEFF PARKER

PRESIDENT

211 ASH AVE.

MELBOURNE Bch., FL. 32951

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DAN WINKLER

V-PAT.

119 SIGNATURE DR.

MELBOURNE Bch., FL. 32951

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF PARKER

Date

Daytime Phone #

1-18-02

321-728-0114

CR2E034B (12/01)