

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90673 014 ***150.00

DOCUMENT # P95000034693

1. Entity Name
CERTIFIED BUILDING CORP.



Principal Place of Business
**211 ASH AVE.
MELBOURNE BEACH FL 32951
US**

Mailing Address
**P.O. BOX 510247
MELBOURNE BEACH FL 32951**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3313073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKER, JEFF
211 ASH AVE
MELBOURNE BCH FL 32951**

Name

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

City

FL - 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	P PARKER, JEFF 211 ASH AVE MELBOURNE BCH FL 32951 <input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	V WINKLER, DAN 119 SIGNATURE DR MELBOURNE BEACH FL 32951 <input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JEFF PARKER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 321-728-0144
Date Daytime Phone #

CR2E034 (10/02)