## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P96000004464** Jan 19, 2000 8:00 am Secretary of State I & I BUILDERS OF OKEECHOBEE, INC. 01-19-2000 90310 004 \*\*\*150.00 Mailing Address Principal Place of Business 3426 S.E. 26TH STREET P.O. BOX 2773 OKEECHOBEE FL 34973 OKEECHOBEE FL 34973-2773 UUUUUIUUI 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0638055 Not Applicable Zìp Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PICCOLO, DAVID M P.A. Street Address (P.O. Box Number is Not Acceptable) 900 E INDIANTOWN RD **SUITE 316** JUPITER FL 33477 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, 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 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. X Change Addition TITLE Delete TITLE IRELAND, DALE JR NAME NAME **3426 S.E. 26TH STREET** STREET ADDRESS STREET ADDRESS **OKEECHOBEE FL 34973** CITY-ST-ZIP CITY-ST-ZIP Okeechobee, Fl 34974 ☐ Addition 🔀 Change VD. ☐ Delete TITLE TITLE IRELAND, RICHARD NAME NAME IRELAND, RICHARD 3426 S.E. 26TH STREET STREET ADDRESS STREET ADDRESS 3497 N W 31st Avenue **OKEECHOBEE FL 34973** CITY-ST-ZIP CITY-ST-ZIP Ok<del>eechobee, Fl 34972</del> X Change Addition ☐ Delete TITLE TITLE IRELAND: BETTY A---NAME NAME 3426 S.E. 26TH STREET STREET ADDRESS STREET ADDRESS OKEECHOBEE FL 34973 CITY-ST-ZIP Okeechobee,Fl 34974 CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.