

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90026 042 \*\*\*158.75

**DOCUMENT # P96000014640**

1. Entity Name  
**OSPREY-GULF SHORE BUILDING MATERIALS, INC.**

Principal Place of Business

**1150-11 POWER ST  
 NAPLES FL 33942  
 US**

Mailing Address

**8395 GARDEN ROAD  
 RIVIERA BEACH FL 33404  
 US**

2. Principal Place of Business

**4328 Domestic Ave**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Naples Florida**

City & State

Zip

Country

**34104 US**

4. FEI Number

**65-0656517**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MENG, PHILIP G  
 8395 GARDEN RD.  
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/26/02**

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **D, BT** ☐ Delete  
 NAME **MENG, PHILIP G**  
 STREET ADDRESS **8395 GARDEN RD.**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D, C** ☒ Delete  
 NAME **SMITH, DONALD A**  
 STREET ADDRESS **1150-11 POWER ST.**  
 CITY-ST-ZIP **NAPLES FL 33492**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P** ☐ Change ☒ Addition  
 NAME **Jeffrey Schoonover**  
 STREET ADDRESS **4328 Domestic Avenue**  
 CITY-ST-ZIP **Naples FL 34104**

TITLE **D, VP** ☐ Change ☒ Addition  
 NAME **Thomas Kiddy**  
 STREET ADDRESS **15851 Chief Court**  
 CITY-ST-ZIP **FT MYERS FL 33404**

TITLE **D, S** ☐ Change ☒ Addition  
 NAME **JAMES Ferreira**  
 STREET ADDRESS **24073 Production Circle**  
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 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.

SIGNATURE:

**Phil G Meng**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/02 561 845 6802**  
 Date Daytime Phone #

CR2E034 (9/01)