

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90181 009 \*\*\*150.00

**DOCUMENT # P97000094310**

1. Entity Name

**BUILDZ CONSTRUCTION INC.**

Principal Place of Business <b>220 E. MADISON STREET SUITE 724 TAMPA FL 33602</b>	Mailing Address <b>220 E. MADISON STREET SUITE 724 TAMPA FL 33602-4826</b>
--	---

2. Principal Place of Business <b>11311 SYLVAN GREEN LA.</b>	3. Mailing Address <b>11311 SYLVAN GREEN LA.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Riverview FL</b>	City & State <b>Riverview FL</b>
Zip <b>33569</b>	Zip <b>33569</b>
Country <b>Hillsborough</b>	Country <b>Hillsborough</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3475923** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>DAVIS, JERRY LEE 11311 SYLVAN GREEN LANE RIVERVIEW FL 33569</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THURLBY, RICHARD</b>		NAME <b>Mike Venable</b>	
STREET ADDRESS <b>3102 WALCRAFT AVE</b>		STREET ADDRESS <b>6079 Old Pasco Rd</b>	
CITY-ST-ZIP <b>TAMPA FL 33611-1943</b>		CITY-ST-ZIP <b>Westly Chaple, FL 33544</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** **JERRY L. DAVIS** **1-18-2000** **813-677-758**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #