

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90008 014 ***150.00

DOCUMENT # P97000109063

1. Entity Name

HUMAN SCALE BUILDERS, INC.

Principal Place of Business

429 7TH AVE N.
JACKSONVILLE BEACH FL 32250

Mailing Address

429 7TH AVE. NORTH
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3365 EUNICE RD

3. Mailing Address

3365 EUNICE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX Bch FL

City & State

JAX Bch FL

Zip

Country

32250

Zip

Country

32250

4. FEI Number

59-3111624

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EGGERS, ROBERT E
429 7TH AVE NORTH
JACKSONVILLE BEACH FL 32250

Address change

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

3365 EUNICE RD

City

JAX Bch

State

FL

Zip Code

32250

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/2001

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, 2001 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 P
NAME EGGERS, ROBERT E
STREET ADDRESS 429 7TH AVE. NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE VP
NAME LANG, STEVE
STREET ADDRESS 8447 FINWOOD RD.
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

TITLE S
NAME GRAHAM, JOHN
STREET ADDRESS 1312 CRESTA WAY
CITY-ST-ZIP JACKSONVILLE FL 32290 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3365 EUNICE RD
CITY-ST-ZIP JAX Bch FL 32250 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS LANG, STEVE
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2001

Date

Daytime Phone #

904 223-5367

CR2E034 (10/00)

0458738