## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000004823** May 01, 2000 8:00 am 1. Entity Name Secretary of State COURTNEY BUILDERS, INC. 05-01-2000 90548 016 \*\*\*150.00 Principal Place of Business Mailing Address 103 ROSE PLACE 103 ROSE PLACE NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266-6144 **ヘヘハエエ ひひり** 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For 59-3489675 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7 - Name and Address of New Registered Agent-8. Name and Address of Current Registered Agent Name LEAPLEY, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 200 WEST FORSYTH ST., STE. 1400 JACKSONVILLE FL 32202 Zip Code FL 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 12. 11. Addition Rod Courtney TITLE ☐ Delete TITLE 5472 3rd 8F COURTNEY, ROD NAME NAME 103 ROSE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** Courtney, Rod ☐ Delete TITLE TITLE NAME NAME 547a 300 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Courtney

4/15/00

904-471-8872

Daytime Phone #