

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039745

1. Entity Name

FLORIDABUILDERS.COM, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90091 025 ***150.00

Principal Place of Business

Mailing Address

39 NORTH RIDGEWOOD AVENUE
ORMOND BEACH FL 32174
US

39 NORTH RIDGEWOOD AVENUE
ORMOND BEACH FL 32174-5647

2. Principal Place of Business

232 River Beach Dr

Suite, Apt. #, etc.

B

3. Mailing Address

232 River Beach Dr.

Suite, Apt. #, etc.

B

City & State

Ormond Beach FL

Zip

Country

USA

32176

City & State

Ormond Beach FL

Zip

32176

Country

USA

City & State

Ormond Beach FL

Zip

32176

Country

USA

4. FEI Number

59-3525561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, JOSEPH STEVEN
39 NORTH RIDGEWOOD AVENUE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name Palmer, Joseph Steven

Street Address (P.O. Box Number is Not Acceptable)

232 River Beach Dr Suite B

City Ormond Beach

FL

Zip Code

32176

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 Palmer, Joseph Steven

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-2000

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, 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

TITLE PD ☐ Delete
NAME PALMER, JOSEPH STEVEN
STREET ADDRESS 9 SAND POINT CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VPTD ☐ Delete
NAME PALMER, SANDRA J
STREET ADDRESS 9 SAND POINT CIRCLE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VP ☒ Delete
NAME MASTROPIERRO, JOHN N
STREET ADDRESS 49 PLEASANT DR
CITY-ST-ZIP ORMOND BCH FL 32176

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

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

TITLE VP ☒ Change ☐ Addition
NAME MASTROPIERRO, JOHN N
STREET ADDRESS 45 Pleasant Dr
CITY-ST-ZIP ORMOND Beach FL 32176

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: Palmer, Joseph Steven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-2000 (904) 677-9947

CR2E034 (9/99)