

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043618

1. Entity Name

BUILDING THREE CORP.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90151 026 ***550.00

Principal Place of Business

3614 PROMENADE WAY
FT PIERCE FL 34982

Mailing Address

3614 PROMENADE WAY
FT PIERCE FL 34982

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0864803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEARSON, KAREN
3614 PROMENADE WAY
FT PIERCE FL 34982

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ENGLERT, FRANK
STREET ADDRESS 3343 SOUTH U.S. #1
CITY-ST-ZIP FT PIERCE FL 34982

TITLE SD ☐ Delete
NAME ENGLERT, JILL
STREET ADDRESS 3343 SOUTH U.S. #1
CITY-ST-ZIP FT PIERCE FL 34982

TITLE VD ☐ Delete
NAME PEARSON, PAUL
STREET ADDRESS 3614 PROMENADE WAY
CITY-ST-ZIP FT PIERCE FL 34982

TITLE TD ☐ Delete
NAME PEARSON, KAREN
STREET ADDRESS 3614 PROMENADE WAY
CITY-ST-ZIP FT PIERCE FL 34982

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

TITLE ☐ Change ☐ Addition
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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:

Karen Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/2000

CR2E034 (5/00)