

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-05-2000 90105 039 ***158.75

DOCUMENT # 098000071202 (R)
 Entity Name FLORIDA BUILDING SYSTEMS, INC.

Principal Place of Business 4950 D Fruitville Rd
Suite D
Sarasota, FLA. 34232
 Mailing Address SAME

2. Principal Place of Business 6370 Estate Eyden Dahl
 Suite, Apt. #, etc. 201, PMB 473
 3. Mailing Address 6301 Red Hook Plaza
 Suite, Apt. #, etc. 201, PMB 473

City & State St. Thomas, U.S.V.I.
 City & State St. Thomas U.S.V.I.
 Zip 00802 Country U.S. Zip 00802-1306 Country U.S.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Thomas F. Brown
Tuscanny Apt.
6630 Medical Court Suite 102
Sarasota, FLA. 34243

4. FEI Number 65-0872240 Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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 Thomas F. Brown DATE 6/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☒ Delete	TITLE	NAME	☐ Change ☒ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		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 without other like employment.
 SIGNATURE: William A. Farrington, Pres. Date April 20, 2000 Daytime Phone # 340-775-5262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)