

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000078002**

1. Entity Name

BUILDING SCIENCES NETWORK, INC.**FILED****May 07, 2001 8:00 am**
Secretary of State

05-07-2001 90040 026 ***150.00

Principal Place of Business

30338 DEER RUN
DADE CITY FL 33523

Mailing Address

30338 DEER RUN
DADE CITY FL 33523**80048126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30338 DEER RUN

Suite, Apt. #, etc.

3. Mailing Address

30338 DEER RUN

Suite, Apt. #, etc.

City & State

DADE CITY, FL.

City & State

DADE CITY, FL.

4. FEI Number

59-3538043

Applied For

Not Applicable

Zip

33523

Country

PASCO

Zip

33523

Country

PASCO5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, C. RICHARD
30338 DEER RUN
DADE CITY FL 33523

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **ALLEN, C. RICHARD**
CITY-ST-ZIP **30338 DEER RUN**
DADE CITY FL 33523TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALLEN, KATHERINE**
CITY-ST-ZIP **30338 DEER RUN**
DADE CITY FL 33523TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **HUOSPETH, GARY**
CITY-ST-ZIP **30338 DEER RUN**
DADE CITY FL 33523TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **MANN, LESTER**
CITY-ST-ZIP **30338 DEER RUN**
DADE CITY FL 33523TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALLEN, EMILY**
CITY-ST-ZIP **30338 DEER RUN**
DADE CITY FL 33523TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. RICHARD ALLEN**4/30/01**

Date

352-588-4562

Daytime Phone #

CR2E034 (10/00)