

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084283

1. Entity Name

58 BUILDERS, INC.

FILED

Jan 26, 2001 8:00 am  
Secretary of State

01-26-2001 90029 029 \*\*\*150.00

Principal Place of Business

697 BEACH AVENUE  
ATLANTIC BEACH FL 32233

Mailing Address

697 BEACH AVENUE  
ATLANTIC BEACH FL 32233

2. Principal Place of Business

5803 COUNTY RD. 209 S

3. Mailing Address

5803 COUNTY ROAD 209 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GREEN COVE SPRINGS, FL

City & State

GREEN COVE SPRINGS, FL

4. FEI Number

59-3535582

Applied For

Not Applicable

Zip

Country

32043

USA

Zip

Country

32043

USA

5. 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

HAYES, DENNIS E

233 E BAY ST

SUITE 620

JACKSONVILLE FL 32202-3447

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 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 ☐ Delete  
NAME D  
STREET ADDRESS GEUTHER, STEVEN R  
CITY-ST-ZIP 697 BEACH AVENUE  
ATLANTIC BEACH FL 32233

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS GEUTHER, STEVEN R  
CITY-ST-ZIP 5803 COUNTY ROAD 209 SOUTH  
GREEN COVE SPRINGS, FL 32043

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 form 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 or 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

STEVEN R. GEUTHER

Date

PRESIDENT

1/11/01

Daytime Phone #

(904) 219-8223

CR2E034 (10/00)