


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P98000 100906 <b>1. Entity Name</b> Charles A. Roy Builder, Inc.		 <b>FILED</b> OCT 8 PM 3:25	
<b>DO NOT WRITE IN THIS SPACE</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 323643826 10/08/03--01031--028 **558.75			
<b>2. Principal Place of Business</b> 510 6th Ave E Suite, Apt. #, etc.		<b>3. Mailing Address</b> 510 6th Ave E Suite, Apt. #, etc.	
<b>City &amp; State</b> Bradenton FL		<b>City &amp; State</b> Bradenton FL	
<b>Zip</b> 34208	<b>Country</b> USA	<b>Zip</b> 34208	<b>Country</b> USA
<b>4. FEI Number</b> 65-088 3202		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> WILCOX DAVID W ESQ			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 308 13th St W			
<b>City</b> Bradenton		<b>FL</b>	<b>Zip Code</b> 34205
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when registering) _____ <b>DATE</b> _____			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPC ROY, CHARLES A 510 6th Ave E BRADENTON, FL 34208	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD ROY, PAMELA G 510 6th Ave E BRADENTON, FL 34208	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>12. 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 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>CHARLES A ROY</b> 10-303 941 746-0008 Date Daytime Phone #	

CR2E034B (12/02)