FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 14, 2003 8:00 am Secretary of State P99000002086 DOCUMENT # 04-14-2003 90108 047 \*\*\*150.00 CENTRAL BUILDING SUPPLY & INSTALLATION, INC. Principal Place of Business Mailing Address 2836 MINE & MILL ROAD PO BOX 6469 LINITE #6 LAKELAND FL 33807-6469 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address 4335 Holden Re Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State Applied For City & State 59-3597145 \_akela Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 381 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN HART, ROBERT H. Street Address (P.O. Box Number is Not Acceptable) 1742 E EDGEWOOD DRIVE LAKELAND FL 33803 City 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. I am familiar with, and accept the obligations of registered agent 2/12/03 Robert Hivan Har FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE MCCELDRY, BILLY C JR NAME NAME 4335 Holden Rd. 2836 MINE & MILL RD, UNIT #6 STREET ADDRESS STREET ADDRESS Lakeland, FL 33811 LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Change ☐ Addition 4335 Holden Rd MCCELDRY, SUSAN NAME NAME 2836 MINE & MILL RD. UNIT 6 STREET ADDRESS STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP **VPS** Delete TITLE ☐ Addition TITLE HARMER, HENRY\_ NAME NAME STREET ADDRESS 2836 MINE & MILL ROAD #6 STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZiP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS City-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition