

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90149 008 ***150.00

DOCUMENT # **P99000008594**

1. Entity Name

Congregational Building Systems, Inc.

Principal Place of Business

Mailing Address

~~9651 Tara Cay Court~~
~~Seminole, Florida 33776~~

2. Principal Place of Business

3. Mailing Address

21021 US HIGHWAY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

59-3584791

Not Applicable

Zip

Country

Zip

Country

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

Sandra Lee Rose Wade

Name

~~9651 Tara Cay Court~~
~~Seminole, Florida 33776~~

Street Address (P.O. Box Number is Not Acceptable)

21021 US HIGHWAY 19 NORTH

City

CLEARWATER

FL

Zip Code

33765

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, 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 ☐ Delete
 NAME **President**
 STREET ADDRESS **Wallace Zajac**
 CITY-ST-ZIP ~~9651 Tara Cay Court~~
~~Seminole, Florida 33776~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **21021 US HIGHWAY 19 NORTH**
 CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE ☐ Delete
 NAME **Sec/Treas**
 STREET ADDRESS **Sandra L. Wade**
 CITY-ST-ZIP ~~9651 Tara Cay Court~~
~~Seminole, Florida 33776~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **21021 US HIGHWAY 19 NORTH**
 CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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:

Wallace Zajac
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

CR2E034 (9/99)