

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90130 044 ***150.00

DOCUMENT # P99000008594

1. Entity Name
CONGREGATIONAL BUILDING SYSTEMS, INC.

Principal Place of Business
21021 US HWY 19 NORTH
CLEARWATER FL 33765

Mailing Address
21021 US HWY 19 NORTH
CLEARWATER FL 33765

2. Principal Place of Business
4190 112th Terr N
 Suite, Apt. #, etc.
SUITE A

3. Mailing Address
4190 112th Terr N
 Suite, Apt. #, etc.
SUITE A

City & State
Clearwater FL
 Zip
33762

City & State
Clearwater FL
 Zip
33762

4. FEI Number
59-3584791

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WADE, SANDRA LEE
21021 US HWY 19 NORTH
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name
Same
 Street Address (P.O. Box Number is Not Acceptable)
4190 112th Terr N Ste A
 City
Clearwater **FL** Zip Code
33762

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, 2002 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D WADE, SANDRA LEE 21021 US HWY 19 NORTH CLEARWATER FL 33765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4190 112th Terr N Ste A Clearwater FL 33762 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-02 727-592-0662

CR2E034 (9/01)