FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 19, 2001 8:00 am DOCUMENT # P9900016556 **Secretary of State** 1. Entity Name BUILT TO THE T, INC. 03-19-2001 90072 001 \*\*\*150.00 Principal Place of Business Mailing Address 3014 PEMBERTON TRACE CT. 3014 PEMBERTON TRACE CT. AUUSSJJD PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business 3. Mailing Address 1009 Oakridge Manoe De 1009 Oakridge Manor L DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3558097 Randon Randon Not Applicable \$8.75 Additional 5. Certificate of Status Desired illsboro tillsborough 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANSKY, GLEN R Street Address (P.O. Box Number is Not Acceptable) **GRIFFIN & ASSOCIATES, P.A.** 915 OAKFIELD DR., STE. F **BRANDON FL 33511** 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DIP CR2E034 (10/00) Addition TITLE ☐ Delete TITLE 🔀 Change TOMLINSON, CYNTHIA NAME NAME 1009 Oakridge Manor Dr. Brandon, 312 33511 STREET ADDRESS 3014 PEMBERTON TRACE CT. STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition MCGOWAN, BLAKE NAME NAME STREET ADDRESS 2921 WALLACE BRANCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐1 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

The And Typed on Printed Name of Signing Officer on Director

3/15/01 (813)655