

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029016

1. Entity Name

STRUCTURAL SYSTEMS 2000, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90082 008 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 40001
JACKSONVILLE FL 32203

POST OFFICE BOX 40001
JACKSONVILLE FL 32203-0001

2. Principal Place of Business

1725 OAKHURST AVE

3. Mailing Address

P.O. BOX 40886

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL 32203

4. FEI Number

59-3569415

Applied For

Not Applicable

Zip

32208

Country

USA

Zip

32203-0886

Country

U.S.A.

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

BLACKBURN, BRYAN
1921 DEWEY PLACE
JACKSONVILLE FL 32207

Name

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

City

FL

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

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	<input type="checkbox"/> Delete	TITLE	PRESIDENT = P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME	Marion Graham		
STREET ADDRESS		STREET ADDRESS	P.O. BOX 43186		
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32203		
TITLE	<input type="checkbox"/> Delete	TITLE	Director = D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME	MOERIS Pickel		
STREET ADDRESS		STREET ADDRESS	1610 Hawks Nest Dr		
CITY-ST-ZIP		CITY-ST-ZIP	ORANGE PARK, FL 32073		
TITLE	<input type="checkbox"/> Delete	TITLE	Director = D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME	TERRY CARTER		
STREET ADDRESS		STREET ADDRESS	6518 TABACO DR.		
CITY-ST-ZIP		CITY-ST-ZIP	APOLLO BEACH, FL 33572		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)