

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034484

1. Entity Name

BUILDING SCIENCE ALLIANCE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90709 007 ***150.00

Principal Place of Business

1613 MANTES DRIVE
COCOA FL 32926

Mailing Address

1613 MANTES DRIVE
COCOA FL 32926-5769

2. Principal Place of Business

799 CLEARLAKE RD

3. Mailing Address

P.O. BOX 236064

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

COCOA, FL

4. FEI Number

65-0981031

Applied For

Not Applicable

Zip

Country

32922

Zip

Country

32923-6044 USA

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

MCKENDRY, BRUCE SR.
1613 MANTES DRIVE
COCOA FL 32926

Name

BRUCE B. MCKENDRY SR

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

1613 MANTES DR

City

COCOA

FL

Zip Code

32926

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

Bruce B. McKendry Sr.

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	D	<input type="checkbox"/> Delete
NAME	MCKENDRY, BRUCE SR.	
STREET ADDRESS	1613 MANTES DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Bruce B. McKendry Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/00
Date

1-321-636-1747
Daytime Phone #

CF21: 034 (9/00)