2000 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P99000039701

1. Entity Name

TRADITIONAL SOUTHERN BUILDERS INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -9 PM 3:01

Principal Place of Business	Mailing Address
605 EAST CYPRESS ST. TARPON SPRINGS FL 34689	605 EAST CYPRESS ST. TARPON SPRINGS FL 34689-5418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3573126 ☐ Applied For ☐ Not Applicable

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
Richard M. Kolb 1109 E.Lemon St. Tarpon Springs FL 34689	Name: Robert W. Craven Street Address (P.O. Box Numbers Not Acceptable): 254 Timberview Dr. Safety Harbor FL. 34695 City: Safety Harbor FL. FL Zip Code: 34695

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: Robert W. Craven Office Manager April 7,00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P = Wallace L. Holt Jr 605 East Cypress St. Tarpon Springs FL 34689 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003268920--0 -05/26/00--01091--005 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V = Richard M. Kolb 1109 E.Lemon St. Tarpon Springs FL 34689 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V = Wallace L.Holt Jr 605 East Cypress St. Tarpon Springs FL 34689 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S= Wallace L. Holt Jr. 605 East Cypress St. Tarpon Springs FL 34689 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003268920--0 -05/26/00--01091--004 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DP 5/23
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 L Holt Jr. Wallace L Holt Jr. President 04/07/00 (727)943-8718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #