## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9900069590  1. Entity Name  BUILDERS EEZE INTERNATIONAL, INCORPORATED					FILED Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90136 031 ***150.00			
Principal Plac	e of Business	Mailing Address	<del>-</del>		01-29-2000 90136 (	)31 ****150.00		
336 BAY MEADOWS DRIVE NAPLES FL 34113		336 BAY MEADOWS DRIVE NAPLES FL 34113-8300						
	·	3. Mailing Address 1807 J2C Bou Suite, Apt.,#, etc.	ilevard		DØ NOT WRITE IN	THIS SPACE		
City & State	е	City & State	<del>* -</del>		FEI Number	1 1 1	plied For	
Naples	Country	Naples, FL	Country		65-0942392	7 <b>\$8.75</b> Add	ot Applicable ditional	
34109	USA -	34109	USA	]-	Certificate of Status Desired	Fee Require		
	6. Name and Address of Current Re	egistered Agent	Name	7. 1	Name and Address of New Regist	erea Agent		
336	RELLO, RICHARD BAY MEADOWS DRIVE LES FL 34113		Street A	ddress (P.O. E	lox Number is Not Acceptable)	FL   Zip Cod	e	
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office o	r registered ag	ent, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signat	ura required when re	einstalling)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! After MAY 1, 2000 Make Check Payable				550.00	10. Election Campaign Financin Trust Fund Contribution.		May Be	
11.	OFFICERS AND D	RECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELLO, RICHARD 336 BAY MEADOWS DRIVE NAPLES FL 34113	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, DAVID L -336 BAY-MEADOWS DRIVE 213: NAPLES FL 34113 FL Myers	□ Delete 5 Virginia Ave #9	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Newtor 2135 V	irginia Ave H9	<b>X</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAILEOTE OFFICE IN THE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>,,, , , , , , , , , , , , , , , , , , </u>	☐ Change	Addition	
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower, or on an attachment with an address, with	rue and accurate and that my rered to execute this report as	signature shall h	have the same.	legal effect as it made under gath: t	that I am an officer	or director	