

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091588

1. Entity Name
B & S INTERIOR TRIM, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90056 039 ***550.00

Principal Place of Business
826 MONTCLAIRE COURT
CAPE CORAL FL 33904

Mailing Address
826 MONTCLAIRE COURT
CAPE CORAL FL 33904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

SCHINDLER, URS
826 MONTCLAIRE COURT
CAPE CORAL FL 33904

Name
MICKI J. REGAS

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

City CAPE CORAL FL Zip Code 33904

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 *Micki J. Regas*
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-Sept 2000
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME SCHINDLER, URS ☒ Delete
STREET ADDRESS 826 MONTCLAIRE COURT
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE PD
NAME MICKI J. REGAS ☐ Change ☒ Addition
STREET ADDRESS 826 MONTCLAIRE CT
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE STD
NAME BATES, VIRGIL ☐ Delete
STREET ADDRESS 826 MONTCLAIRE COURT
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *Micki J. Regas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-Sept 2000 941-540-0478
Date Daytime Phone #

CR2E034 (5/00)