

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094687

1. Entity Name

KEYSTONE BUILDING CENTER, INC.

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

05-05-2000 90080 041 ***150.00

Principal Place of Business

Mailing Address

RT. 3, BOX 980
STARKE FL 32091

RT. 3, BOX 980
STARKE FL 32091-9336

2. Principal Place of Business

200 COMMERCIAL CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1249
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
KEYSTONE HEIGHTS

City & State
KEYSTONE HEIGHTS

4. FEI Number

59-3607391

Applied For

Not Applicable

Zip
32656

Country
CLAY

Zip
32656

Country
CLAY

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

TAYLOR, JAMES J JR.
420 S. LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANADY, ROBERT G
RT. 3, BOX 980
STARKE FL 32091

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, JAMES W
2605 COSMOS DR.
ATLANTA GA 30345

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, WILLIAM D
4145 CHELMSFORD RD.
TALLAHASSEE FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WISE, DOUGLAS C
8637 SW 42ND PLACE
GAINESVILLE FL 32608

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

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:

DOUGLAS C. WISE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

352-335-2745
Daytime Phone #

CR2E034 (9/99)