

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90075 010 ***150.00

DOCUMENT # P99000105318

1. Entity Name
FCS BUILDERS, INC.



Principal Place of Business
**3351 NORTH ORANGE BLOSSOM TRAIL
APOPKA FL 32712**

Mailing Address
**3351 NORTH ORANGE BLOSSOM TRAIL
APOPKA FL 32712**

2. Principal Place of Business

3351 West O.B.T.

Suite, Apt. #, etc.

3. Mailing Address

3351 West O.B.T.

Suite, Apt. #, etc.

City & State

Apopka, FL.

City & State

Apopka, FL.

Zip

32712

Country

U.S.A.

Zip

32712

Country

U.S.A.

4. FEI Number

59-3613996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BURNSED, R. DEWEY
1100 MAIN STREET SUITE 211
THE VILLAGES FL 32159**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Randy S. Mason
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HURLEY, BRUCE**
STREET ADDRESS **2125 DEANNA DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VPTS** ☐ Delete
NAME **MASON, RANDY**
STREET ADDRESS **9064 LAUREL RIDGE DRIVE**
CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy S. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03

407-402-2377

Date

Daytime Phone #

CR2E034 (10/02)