## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 07, 2000 8:00 am DOCUMENT # **P99000109897** Secretary of State 1. Entity Name BUILDING MATERIAL IMPORTERS, INC. 03-07-2000 90123 001 \*\*\*300.00 Mailing Address Principal Place of Business 712 U.S. HIGHWAY ONE #400 712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0976853 Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORRIS. DAVID B Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE #400 NORTH PALM BEACH FL 33408 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) XX ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2F034 (9/99) ☐ Addition TITLE DPT ☐ Delete TITLE NAME NAME Steve Klubak 426 Privateer Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP No. Palm Beach, FL 33408 ☐ Addition ☐ Change Delete TITLE NAME Cheryl O. Klubak NAME STREET ADDRESS 426 Privateer Rd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP No. Palm Beach, <u>FL</u> 33408 ☐ Addition Change ☐ De ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Klubak, president

Daytime Phone