

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84910

1. Entity Name

TAMPA BAY HARDWOODS & LUMBER SUPPLY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90144 035 ***150.00

Principal Place of Business

Mailing Address

8408 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US

8408 TEMPLE TERRACE
TEMPLE TERRACE FL 33637-5808
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3084674

Applied For

Not Applicable

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

LEE, RICHARD
8408 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637

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 fee 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	D	<input type="checkbox"/> Delete
NAME	LEE, RICHARD	
STREET ADDRESS	8408 TEMPLE TERRACE HIGHWAY	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERRY, DENNIS	
STREET ADDRESS	8408 TEMPLE TERRACE HIGHWAY	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALSTEAD, DON	
STREET ADDRESS	8408 TEMPLE TERRACE HIGHWAY	
CITY-ST-ZIP	TEMPLE TERRACE FL 33637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)