

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V02872

1. Entity Name

FLORIDA BUILDERS SPECIALTY CO., INC.

Principal Place of Business

4314 ST. AUGUSTINE RD.
SUITE 3
JACKSONVILLE FL 32207

Mailing Address

4314 ST. AUGUSTINE RD.
SUITE 3
JACKSONVILLE FL 32207

2. Principal Place of Business

3565 St. Augustine Rd

3. Mailing Address

3565 St. Augustine Rd.

Suite, Apt., etc.

Suite, Apt., etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32207

Country

Zip

32207

Country

4. FEI Number

59-3100474

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRABTREE & WHITE PA
8375 DIX ELLIS TR.
SUITE 200
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

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

8777 San Jose Blvd

Bldg. A Suite 200

City

Jacksonville, FL

FL

Zip Code
32217

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CRIBB, DENNIS	
STREET ADDRESS	4314 ST AUGUSTINE RD, #3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIPPIN, RICHARD	
STREET ADDRESS	4314 ST AUGUSTINE RD, #3	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3565 St. Augustine Rd.
CITY-ST-ZIP	Jacksonville FL 32207
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3565 St. Augustine Rd.
CITY-ST-ZIP	Jacksonville FL 32207
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90023 025 ***158.75

COO:



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Richard Pippin RICHARD PIPPIN 4/09/01 904-399-5923