

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32554

1. Entity Name

FIREPLACE & BUILDING SPECIALTIES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90111 030 \*\*\*150.00

Principal Place of Business

4701 NORTH DIXIE HWY.  
BOCA RATON FL 33431-5031

Mailing Address

4701 NORTH DIXIE HWY.  
BOCA RATON FL 33431-5031

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0329139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEISINGER, CONNIE  
4701 NORTH DIXIE HWY.  
BOCA RATON FL 33431-5031

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

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 P ☐ Delete  
NAME GEISINGER, CONNIE  
STREET ADDRESS 5183 MONTEREY LANE  
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ~~MS~~ ☒ Delete  
NAME ~~DAVID~~  
STREET ADDRESS ~~CLASSENDA~~  
CITY-ST-ZIP ~~BOYNTON BEACH FL 33426~~

TITLE ☐ Delete  
NAME ASST. SECRETARY  
STREET ADDRESS TIM MAHER  
CITY-ST-ZIP 15603 120th Ave. N.  
JUPITER, FL 33458

TITLE ☐ Delete  
NAME SECRETARY  
STREET ADDRESS LILLY STUART  
CITY-ST-ZIP 5183 MONTEREY LANE  
DELRAY BEACH, FL 33484

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/18/01

(561) 994-5506

CR2E034 (10/00)