

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V32554**

1. Entity Name

FIREPLACE & BUILDING SPECIALTIES, INC.

Principal Place of Business

Mailing Address

4701 N. DIXIE HWY.

BOCA RATON, FL 33431

FILED

01 JUL 27 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

**CONNIE GEISINGER, PRES.
5183 MONTEREY LANE
DELRAY BEACH, FL 33484**

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

Connie Geisinger, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

7/25/01

DATE

9. This corporation is eligible to satisfy its Intangible

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

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **CONNIE GEISINGER, PRES.** ☐ Delete
NAME **5183 MONTEREY LANE**
STREET ADDRESS **DELRAY BEACH, FL 33484**
CITY-ST-ZIP

TITLE **LILY STUART SECY** ☐ Delete
NAME **c/o GEISINGER**
STREET ADDRESS **5183 MONTEREY LANE**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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 **400004548974--3**
STREET ADDRESS **-08/22/01--01056--022**
CITY-ST-ZIP *******62.50 *****62.50**

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

TITLE ☐ Change ☐ Addition
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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

Connie Geisinger, Pres. **7/25/01**

Date

Daytime Phone #

CR2E034 (11/00)