

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66771

1. Entity Name

SUNBELT SCAFFOLDING & SUPPLY, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90002 022 ***550.00

Principal Place of Business

3071 N. ORANGE BLOSSOM TRAIL
SUITE N
ORLANDO FL 32804
US

Mailing Address

3071 N. ORANGE BLOSSOM TRAIL
SUITE N
ORLANDO FL 32804
US

2. Principal Place of Business

2090 N. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.

3. Mailing Address

2090 N. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3147486

Applied For

Not Applicable

Zip

32804

Country

US

Zip

32804

Country

US

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, JOHN W
3071 N. ORANGE BLOSSOM TRAIL
SUITE N
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name RICHARDSON, John W

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

2090 N. ORANGE BLOSSOM TRAIL

City

ORLANDO

FL

FL

Zip Code

32804

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME RICHARDSON, JOHN W
STREET ADDRESS 3071 N. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME RICHARDSON, JOHN W
STREET ADDRESS 2090 N. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP ORLANDO, FL 32804

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

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

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

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

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/00

Daytime Phone #

407-244-5556