

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90231 012 ***150.00

DOCUMENT # 418055

1. Entity Name

MUSGROVE CONSTRUCTION, INC.



Principal Place of Business

8708 US 90
LIVE OAK FL 32060
US

Mailing Address

8708 US 90
LIVE OAK FL 32060
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

59-2134577

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

MUSGROVE, BRUCE

8772 US 90

LIVE OAK, FL

LIVE OAK FL 32060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	☒ Delete
NAME	MUSGROVE, CHARLES	
STREET ADDRESS	910 PINEVIEW CRL	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	P	☐ Delete
NAME	MUSGROVE, BRUCE	
STREET ADDRESS	8772 US 90	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	ST	☐ Delete
NAME	TURNAN, SHAWN	
STREET ADDRESS	9916 108TH TRAIL	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	☐ Change ☒ Addition
NAME	Vice President	
STREET ADDRESS	Deborah Musgrove	
CITY-ST-ZIP	8772 US 90	
	Live Oak, FL 32060	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

(386) 362-7048

Daytime Phone #

CR2E034 (10/02)