## **FILED** Sep 10, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P99000024141 09-10-2001 90057 004 \*\*\*550.00 MODERN HOUSE & BUILDING MOVERS, INC. Principal Place of Business Mailing Address 1236 GALLANT FOX 1236 GALLANT FOX CHULUOTA FL 32766 CHULLIOTA FL 32766 2. Principal Place of Business 3. Mailing Address 14405 CONGRASS 1236 GALLANT FOX WAY Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For CHULSOTA APPLIED FOR ORUANDO Not Applicable 59-363120 Zip Country \$8.75 Additional 5. Certificate of Status Desired 32826. 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURDETTE, DOUGLAS PAT Street Address (P.O. Box Number is Not Acceptable) 1236 GALLANT FOX WAY CHULUOTA FL 32766 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 registe (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. - (See criteria on back) - - -Make Check Payable to Department of State 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE B PRISIDENT (5/01) Delete TITLE ☐ Change ☐ Addition BURDETTE, DOUGLAS PAT NAME NAME STREET ADDRESS 1238 GALLANT FOX STREET ADDRESS **CR2E034** CITY-ST-ZIP CHULUOTA FL 32766 CITY-ST-ZIP TITLE Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIRE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of usage each overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

407-721-3780

7-15-01

SIGNATURE: