

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90366 016 \*\*\*150.00

0508256 AV

DOCUMENT # **472447**

1. Entity Name  
**MPH CONSTRUCTION CO.**



Principal Place of Business  
**320 LAKE MIRROR DRIVE  
LAKE PLACID FL 33852-5964**

Mailing Address  
**320 LAKE MIRROR DRIVE  
LAKE PLACID FL 33852-5964**



2. Principal Place of Business  
**127 RICHFIELD DRIVE**

3. Mailing Address  
**127 RICHFIELD DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**LAKE PLACID FL**

City & State  
**LAKE PLACID FL**

4. FEI Number **59-1594773**

Applied For  
 Not Applicable

Zip  
**33852**

Country  
**USA**

Zip  
**33852**

Country  
**USA**

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

**- HOY, MICHAEL P.  
2999 PLACID VIEW DRIVE  
LAKE PLACID FL 33852**

Name  
**MICHAEL P. HOY**

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

**127 RICHFIELD DRIVE**

City  
**LAKE PLACID**

FL

Zip Code  
**33852**

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 *Michael P. Hoy*  
Signature, typed or printed name of registered agent and file if applicable.

*Michael P. Hoy*  
(NOTE: Registered Agent signature required when reinstating)

**4-24-03**  
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  Delete  
NAME **P**  
STREET ADDRESS **HOY, MICHAEL P.  
320 LAKE MIRROR DRIVE  
LAKE PLACID FL 33852-5964**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **127 RICHFIELD DRIVE  
LAKE PLACID, FL 33852**  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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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: *Michael P. Hoy* **Michael P. Hoy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-03** **863 465-7501**  
Date Daytime Phone #

CF2E034 (10/02)