

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90125 006 ***150.00

DOCUMENT # 478875

1. Entity Name
MAYO CONSTRUCTION INDUSTRIES, INC.



Principal Place of Business
**1207 S.W. 87 TERR
PLANTATION FL 33324
US**

Mailing Address
**P.O. BOX 292256
DAVIE FL 33329
US**



☐ CHECK HERE IF MAKING CHANGES

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 **59-1609953**

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

**HACKER, BRENDA PA
1500 NW 49TH ST
STE 608
FORT LAUDERDALE FL 33309**

Name **PATRICK KELLEY ATT**
Street Address (P.O. Box Number is Not Acceptable)
**1401 E. BROWARD BLVD
SUITE 206
FT. LAUDERDALE FL Zip Code 33301**

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)

2/24/03
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 **PD** ☐ Delete
NAME **MAYO, JOHN A.**
STREET ADDRESS **1207 S.W. 87 TERR**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **ST** ☐ Delete
NAME **MAYO, CHRISTINA**
STREET ADDRESS **1207 S.W. 87 TERR**
CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

JOHN A. MAYO
SIGNATURE: **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03

Date

954-236-6551

Daytime Phone #

CR2E034 (10/02)