2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 534435** Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** DARRELL V. MUIR CONSTRUCTION, INC. 01-18-2000 90001 033 ***150.00 Principal Place of Business Mailing Address 11511 PAMPLONA BLVD 11511 PAMPLONA BLVD **BOYNTON BEACH FL 33437** BOYNTON BEACH FL 33437-4075 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1741431 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name MUIR, DARRELL V Street Address (P.O. Box Number is Not Acceptable) 11511 PAMPLONA BLVD **BOYNTON BEACH FL 33437** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition PD ☐ Delete TITLE TITLE NAME MUIR, DARRELL V. STREET ADDRESS STREET ADDRESS 11511 PAMPLONA BLVD CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Addition TITLE ☐ Change ☐ Delete TITLE MUIR, ANN C NAME NAME STREET ADDRESS STREET ADDRESS 11511 PAMPLONA BLVD CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33437** - Change --- - Addition-· Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

DARRELL V. Muir. 1-4-2000 561-731-3248