2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am & Secretary of State DOCUMENT # 534435 1. Entity Name DARRELL V. MUIR CONSTRUCTION, INC. 03-06-2002 90053 008 ***150.00 Principal Place of Business Mailing Address 4199 N. DIXIE HWY 4199 N. DIXIE HWY 80037293 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1741431 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUIR, DARRELL V Street Address (P.O. Box Number is Not Acceptable) 11511 PAMPLONA BLVD **BOYNTON BEACH FL 33437** City Zin Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Delete TITLE X Change ☐ Addition TITLE MUIR, DARRELL V. NAME Muir, DARRELL V. NAME MUIK, DIXIE HWY. 33431 11511 PAMPLONA BLVD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ${f T}$ * Change MUIR, ANN C MUIR. ANN C NAME NAME 4199 N. DIXIE HUY. 11511 PAMPLONA BLVD STREET ADDRESS STREET ADDRESS BOCA RATON FL. 33431 **BOYNTON BEACH FL 33437** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change - - Addition= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition 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-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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Saville U. Mula DARRELL V. Mula

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