2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674543

1. Entity Name

MICHAEL "C" CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1129-A RIDGEWOOD AVE.	1129-A RIDGEWOOD AVE.
HOLLY HILL FL 32117	HOLLY HILL FL 32117

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90023 009 ***150.00

2. Principal Place of Business	3. Mailing Address	
530 RIDGEWOOD AVE.	530 RIDGEWOOD AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State HOLLY HILL FL	City & State HOLLY HILL FL	4. FEI Number 59-2010030
Zip 32117	Country USA	Zip 32117	Country USA

DO NOT WRITE IN THIS SPACE

| 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
LUDDENI, MICHAEL C.	Name
1013 SHOCKNEY DR.	Street Address (P.O. Box Number is Not Acceptable)
ORMOND BEACH FL	
	City _____ FL 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 registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ | **FILE NOW!!! FEE IS $150.00** After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees |

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUDDENI, MICHAEL C.		NAME		
STREET ADDRESS	1013 SHOCKNEY DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUDDENI, JEAN A.		NAME		
STREET ADDRESS	1013 SHOCKNEY DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUDDENI, JEAN A.		NAME		
STREET ADDRESS	1013 SHOCKNEY DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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.

SIGNATURE: _Jean A. Luddeni_   JEAN A. LUDDENI   3-13-01   386-257-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #