2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED DOCUMENT # 854993 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** MPJ MILLER CONSTRUCTION, INC. 03-29-2000 90019 041 ***150.00 Mailing Address Principal Place of Business 3530 FIRST AVENUE NORTH 3530 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713-8435 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 34-1347887 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER Patricis MILLER, MAURICE Street Address (P.O. Box Num 4450 GULF BLVD., #211 ST PETERSBURG FL 33706 PETERSBURG the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete MILLER, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 4450 GULF BLVD #211 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE LANSKY, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 2501 14 ST N CITY-SI-7IP -CITY-ST-ZIP ST PETERSBURG FL -☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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 ke empowered