

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F68870

1. Entity Name

MALLARD BUILDERS OF ENGLEWOOD, INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90216 044 ***150.00

Principal Place of Business

11075 GREENWAY AVENUE
ENGLEWOOD FL 34224
US

Mailing Address

11075 GREENWAY AVENUE
ENGLEWOOD FL 34224
US

2. Principal Place of Business

6444 Blueberry DR

3. Mailing Address

6444 Blueberry DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood FL

Zip

34224

Country

Charlotte

Zip

34224

Country

Charlotte

4. FEI Number

59-2407638

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

BAUMANN, RICHARD W
11075 GREENWAY AVE.
ENGLEWOOD FL 34224

Name

Street Address (P.O. Box Number is Not Acceptable)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD	BAUMANN, RICHARD	11075 GREENWAY AVENUE	ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	BAUMANN, SANDRA	11075 GREENWAY AVENUE	ENGLEWOOD FL 34224	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01

941 474-1781

CR2E034 (10/00)