## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **F9900000330** May 15, 2000 8:00 am Secretary of State MARK MCINTOSH CONSTRUCTION INC. 05-15-2000 90249 030 \*\*\*150.00 Principal Place of Business Mailing Address 218 LONGVIEW AVE. 218 LONGVIEW AVE. CELEBRATION FL 34747 CELEBRATION FL 34747-5041 2. Principal Place of Business 3. Mailing Address 4800 N. AIA Suite, Apt. #, etc. Suite # 2 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City, & State 4. FEI Number Applied For 61-1299843 VERD BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired INDIAN KIVER Fee Required 32963 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCINTOSH, MARK MUNIUSH, MARIN 218 LONGVIEW AVE. 48W N. AIA Sut 2 CLEBRATION FL 34747 Ver BLACK FL 32963 Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 8. The above named entity submit Athis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. PRESIDENT DATE (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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD Addition CR2E034 (9/99 M Change ☐ Delete TITLE PSTD TITLE MCINTOSH, MARK NAME MCINTOSH, MARK NAME 4800 N. AIA Suik 2 STREET ADDRESS 218 LONGVIEW AVE STREET ADDRESS CITY-ST-ZIP VERD BEACH, FL 32963 CITY-ST-ZIP CELEBRATION FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expressions.

MARK Mc DASH RESIDENT