

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91152 040 ***150.00

C0059360

DO NOT WRITE IN THIS SPACE

DOCUMENT # G43734

1. Entity Name

McConnell Construction Company of Pasco County, Inc.

Principal Place of Business

Mailing Address

4701 Forrest Drive
 Blairsville GA 30512

P.O. Box 831
 Blairsville GA 30512

2. Principal Place of Business

3. Mailing Address

P.O. Box 831

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Blairsville GA

4. FEI Number

59-2312808

Applied For

Not Applicable

Zip

Country

Zip

Country

30512

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

Arbree, Jacob I
 26650 STATE ROAD 54
 LUTZ, FL 33549

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PUTS D
 STREET ADDRESS MACCONNELL, RANDALL J
 CITY-ST-ZIP 4701 BLAIRSVILLE GA 30512

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL J. MCCONNELL

4-15-01

Date

1-706-374-9758

Daytime Phone #

CR2E034 (11/00)