

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H08883

1. Entity Name

JIM MANGRUM CONSTRUCTION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90180 013 ***150.00

Principal Place of Business	Mailing Address
6427 COUNTRY LINE RD PLANT CITY FL 33567 US	PO BOX 6273 LAKELAND FL 33807-6273 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	59-2293196	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELOACH, MICHAEL R.P.A. BRENDON PALMS PROFESSIONAL CENTER 311 EAST ROBERTSON ST BRANDON FL 33511	Name: R. MICHAEL DE LOACH, ESQ. Street Address (P.O. Box Number is Not Acceptable): R. MICHAEL DE LOACH, P.A. 223 LITHIA PINECREST ROAD City: BRANDON FL Zip Code: 33511

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: DATE: 2/18/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: DATE: 2/15/00 DAYTIME PHONE #: 813-752-4780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT D. MANGRUM