

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H08883**1. Entity Name
JIM MANGRUM CONSTRUCTION, INC.

Principal Place of Business

**6427 COUNTRY LINE RD
PLANT CITY FL 33567
US**

Mailing Address

**PO BOX 6273
LAKELAND FL 33807
US**

2. Principal Place of Business

6427 Countryline Rd.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

Zip

33567

Country

US

Zip

Country

4. FEI Number **59-2293196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELOACH, MICHAEL R. P.A.
BRENDON PALMS PROFESSIONAL CENTER
229 LITHIA PINECREST RD
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **R. MICHAEL DELOACH, ESQ.**Street Address (P.O. Box Number is Not Acceptable)
**1206 MILLENNIUM CENTER
SUITE 2001**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

Signature, typed or printed name of registered agent and title if applicable.

R. MICHAEL DELOACH

(NOTE: Registered Agent signature required when reinstating)

03/05/01

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

TITLE
NAME **PD MANGRUM, JAMES E.** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **6427 COUNTY LINE ROAD
PLANT CITY FL**TITLE
NAME **D MANGRUM, ROBERT D.** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **6427 COUNTY LINE ROAD
PLANT CITY FL**TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

ROBERT D. MANGRUM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/15/01**
Date**813-752-4780**
Daytime Phone #

0378174

CR2E034 (10/00)