

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J07776

1. Entity Name

M. L. QUISENBERRY CONSTRUCTION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90101 001 *****8.75

03-03-2000 90101 002 ***150.00

Principal Place of Business

Mailing Address

211 JOHN KNOX RD

P.O. BOX 12307

#109 TALLAHASSEE FL 32303

TALLAHASSEE FL 32317-2307

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

59-2669415

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

QUISENBERRY, MICHAEL L.
2894 REMINGTON GREEN C
TALLAHASSEE FL 32308

Name

Michael L. Quisenberry

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

149 Love Ridge Ct.

City

Tall.

FL

Zip Code

32312

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

M.L. Quisenberry

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

(NOTE: Registered Agent signature required when reinstating)

3/25/2000

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, 2000 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 PD
NAME QUISENBERRY, MICHAEL L.
STREET ADDRESS 1808 OX BOTTOM LN
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE PD
NAME Quisenberry, Michael L.
STREET ADDRESS 149 Love Ridge Ct.
CITY-ST-ZIP Tall., FL. 32312 ☒ Change ☐ Addition

TITLE STD
NAME QUISENBERRY, SHARON H.
STREET ADDRESS 1808 OX BOTTOM LN
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE STD
NAME Quisenberry, Sharon H.
STREET ADDRESS 149 Love Ridge Ct.
CITY-ST-ZIP Tall., FL. 32312 ☒ Change ☐ Addition

TITLE D
NAME HODGES, MARY MARGARET Q.
STREET ADDRESS 1581 CLIFFORD HILL RD.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

M.L. Quisenberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2000
Date

850 386-6560
Daytime Phone #

CR2E034 (9/99)