

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90297 001 ***150.00
 02-13-2001 90297 002 *****8.75

0028955

DOCUMENT # J07776

1. Entity Name
M. L. QUISENBERRY CONSTRUCTION, INC.

Principal Place of Business
**211 JOHN KNOX RD
 #109
 TALLAHASSEE FL 32303**

Mailing Address
**P O BOX 12307
 TALLAHASSEE FL 32317-2307**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2669415** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**QUISENBERRY, MICHAEL L.
 149 LOVE RIDGE CT
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent
 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 _____ (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	NAME	TITLE	NAME
PD	QUISENBERRY, MICHAEL L. 149 LOVE RIDGE CT TALLAHASSEE FL 32312		
STD	QUISENBERRY, SHARON H. 149 LOVE RIDGE CT TALLAHASSEE FL 32312		
D	HODGES, MARY MARGARET Q. 1581 CLIFFORD HILL RD. TALLAHASSEE FL 32308		

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: *Michael Lee Quisenberry* **Michael Lee Quisenberry** **2/5/2001** **850-386-6560**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)