

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90003 037 \*\*\*150.00

0045483 AV

**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**

**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**

**QUISENBERRY, MICHAEL L.**  
**149 LOVE RIDGE CT**  
**TALLAHASSEE FL 32312**

**7. Name and Address of New Registered Agent**

Name **QUISENBERRY, MICHAEL L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2031 CHIMNEY SWIFT HOLLOW**  
 City **TALLAHASSEE** 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**

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

**1.13.02**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **QUISENBERRY, MICHAEL L.**  
**STREET ADDRESS** **149 LOVE RIDGE CT**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32312**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **QUISENBERRY, MICHAEL L.**  
**STREET ADDRESS** **2031 CHIMNEY SWIFT HOLLOW**  
**CITY-ST-ZIP** **TALLAHASSEE, FL. 32312**

**TITLE** **STD** ☐ Delete  
**NAME** **QUISENBERRY, SHARON H.**  
**STREET ADDRESS** **149 LOVE RIDGE CT**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32312**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:**

*[Signature]* **Michael L. Quisenberry**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.13.02**  
 Date

**1.850.386.6560**  
 Daytime Phone #

CR2E034 (9/01)