

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J73647

1. Entity Name

M.H. WILLIAMS CONSTRUCTION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90090 014 ***150.00

Principal Place of Business

Mailing Address

27 E. HIBISCUS BLVD.
SUITE A
MELBOURNE FL 32901

27 E. HIBISCUS BLVD.
SUITE A
MELBOURNE FL 32935-3184

C0008887



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2287 W. Eau Gallie Blvd

3. Mailing Address

2287 W. Eau Gallie Blvd

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-2801522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL H.
112 LANSING ISLAND DR
INDIAN HARBOR BCH FL 32937

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

Michael H. Williams Pres

MICHAEL H. WILLIAMS PRES.

1-13-2000

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

(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, 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

TITLE DP
NAME WILLIAMS, MICHAEL H.
STREET ADDRESS 112 LANSING ISLAND DR
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael H. Williams Pres

MICHAEL H. WILLIAMS PRES

321-757-5750

1-13-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)