

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88050

1. Entity Name

MUELLER CONSTRUCTION INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90040 044 ***150.00

Principal Place of Business

Mailing Address

125 E. CHAPMAN RD.
LUTZ FL 33549
US

P.O. BOX 271046
TAMPA FL 33549-8106

2. Principal Place of Business

3. Mailing Address

25253 Bunting Cr.
Suite, Apt. #, etc.

25253 Bunting Cr.
Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

4. FEI Number

59-2959108

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

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

BRACE, RONALD
720 E. FLETCHER AVE
TAMPA FL 33612

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MUELLER, CRAIG
CITY-ST-ZIP 125 E CHAPMAN RD.
LUTZ FL 33549

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Craig E. Mueller
CITY-ST-ZIP 25253 Bunting Cr.
Land O' Lakes, FL 34639

TITLE ☐ Delete
NAME D
STREET ADDRESS MUELLER, LESA
CITY-ST-ZIP 125 E CHAPMAN RD
LUTZ FL 33549

TITLE ☒ Change ☐ Addition
NAME VHS
STREET ADDRESS LESA Mueller
CITY-ST-ZIP 25253 Bunting Cr.
Land O' Lakes, FL 34639

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

813-968-3755

Date

Daytime Phone #