

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10199

1. Entity Name

JOHN MAUS BUILDERS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90090 003 ***150.00

Principal Place of Business

Mailing Address

3312 PIPING ROCK ST
TALLAHASSEE FL 32308
US

3312 PIPING ROCK ST
TALLAHASSEE FL 32308-2721
US

2. Principal Place of Business

3. Mailing Address

1555 Delaney Dr.

1555 Delaney Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 1601

APT # 1601

City & State

City & State

Tallahassee FL

Tallahassee FL

Zip

Zip

32308

32308

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2962280

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

MAUS, JOHN M.

3312 PIPING ROCK ST
TALLAHASSEE FL 32308

Name

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

1555 Delaney Dr

APT # 1601

City

Tallahassee, FL

FL

32308

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	DPT	☐ Delete
NAME	MAUS, JOHN M.	
STREET ADDRESS	3312 PIPING ROCK ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DS	☐ Delete
NAME	MAUS, DIANA C.	
STREET ADDRESS	3312 PIPING ROCK ST	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1555 Delaney Dr. APT # 1601
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1555 Delaney Dr. APT # 1601
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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:

John M. Maus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.00 850-894-8848
Date Daytime Phone #

CR2E034 (9/99)