## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # L10199** JOHN MAUS BUILDERS, INC. 4-25-2001 90174 006 \*\*\*150.00 Principal Place of Business Mailing Address 1555 DELANEY DR 1555 DELANEY DR APT #1601 APT #1601 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 7564 PRESCRUATION TELL Suite, Apt. #, etc. 3. Mailing Address 7564 PRESERUATION RS DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2962280 Applied For TAllahassec Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAUS, JOHN M. Street Address (P.O. Box Number is Not Acceptable) 7564 Presecus from Rd 1555 DELANEY DR APT #1601 TALLAHASSEE FL 32308 comples this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE e, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE T!TLE ☐ Delete Addition ☐ Change MAUS, JOHN M. NAME NAME 1564 Preservation Rd TRIPADESSE FL 32312 1555 DELANEY DR APT #1601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CHY-SI-ZiP DS TITLE ☐ Delete Addition TITLE MAUS, DIANA C. NAME NAME STREET ADDRESS 1555 DELANEY DR APT #1601 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-788 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete THE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change

13. I hereby certify that the information supplied with his 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 eath; that I am an officer or director of the corporation or the receiver artustor 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.

NAME

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

) obn M. Maus 4/17/01

850-894-889

Daytime Phone #

CR2E034 (10/00)