

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057554

1. Entity Name

J. MUCHA HEAVY CONSTRUCTION, INC.

Principal Place of Business

1261 COOSA AVENUE NE
PALM BAY FL 32907

Mailing Address

1261 COOSA AVENUE NE
PALM BAY FL 32907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TSAMOUTALES, NICHOLAS F
1900 PALM BAY ROAD NE
SUITE G
PALM BAY FL 32905

4. FEI Number

593646833

Apply for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

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 (not the filer) (circle)

(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, 2001 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 NAME	PD MUCHA, JEFFREY A	☐ Delete
STREET ADDRESS	1261 COOSA AVENUE NE	
CITY-STATE-ZIP	PALM BAY FL 32907	
TITLE NAME	ST MUCHA, GLENDA G	☐ Delete
STREET ADDRESS	1261 COOSA AVENUE NE	
CITY-STATE-ZIP	PALM BAY FL 32907	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
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CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2001 321-288-2048

Date Day-mo-phone #

CR2E034 (10/00)

0078510

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90257 041 ***150.00



DO NOT WRITE IN THIS SPACE