## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2002 8:00 am § Secretary of State DOCUMENT # P00000057554 1. Entity Name 05-27-2002 90301 006 \*\*\*150 00 J. MUCHA HEAVY CONSTRUCTION, INC. Principal Place of Business Mailing Address 1261 COOSA AVENUE NE 1261 COOSA AVENUE NE PALM BAY-FL 32907 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3646833 Not Applicable Zip Country Zip Country \$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 TSAMOUTALES, NICHOLAS F Street Address (P.O. Box Number is Not Acceptable) 1900 PALM BAY ROAD NE SUITE G PALM BAY FL 32905 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition TITLE PD TITLE ☐ Change NAME NAME MUCHA, JEFFREY A STREET ADDRESS 1261 COOSA AVENUE NE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME MUCHA, GLENDA G NAME STREET ADDRESS STREET ADDRESS 1261 COOSA AVENUE NE CITY-ST-7(P CITY-ST-ZIP PALM BAY FL 32907 TITLE \_\_ Delete \_\_ TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED**