2001 UNIFORM BUSINESS REPORT (UBR)

1/11/(

FILED
Feb 08, 2001 8:00 am
Secretary of State
01-11-2001 90054 011 ***150.00

DOCUMENT # P00000060221

1. Entity Name
S. MAHAN CONSTRUCTION INC.

Principal Place of Business	Mailing Address
3635 COUNTRY CLUB RD S WINTER HAVEN FL 33881	3635 COUNTRY CLUB RD S WINTER HAVEN FL 33881

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1090 W. LK. HAMILTON, DR	1090 W. LK. HAMILTON, DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER HAVEN, FLA.	City & State: WINTER HAVEN, FLA.
Zip: 33881 Country: POLK	Zip: 33881 Country: POLK

4. FEI Number 59-365-2746 ☐ 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
MAHAN, SANDRA L 3635 COUNTRY CLUB RD S WINTER HAVEN FL 33881 NEW ADDRESS →	Name Street Address (P.O. Box Number is Not Acceptable) 1090 W. LK. HAMILTON, DR. City WINTER HAVEN FL Zip Code 33881

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 ______________________________ DATE
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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHAN, SANDRA L 3635 COUNTRY CLUB RD S WINTER HAVEN FL 33881 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAHAN, SANDRA L (PRES) 1090 W. LK. HAMILTON, DR. WINTER HAVEN, FL. 33887 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Sandra L Mahan PRES. 1/5/01 863-294-6481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)