

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0650070

04-10-2001 90062 036 ***158.75

DOCUMENT # P00000097613

1. Entity Name
BIRCHMIER CONSTRUCTION, INC.

Principal Place of Business Mailing Address
1390 HOPE ROAD **1390 HOPE ROAD**
SUITE 200 **SUITE 200**
MAITLAND FL 32751 **MAITLAND FL 32751**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
549 WYMORE ROAD **549 WYMORE ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
106 **106**

City & State City & State
MAITLAND FL **MAITLAND FL**

Zip Country Zip Country
32751 **ORANGE** **32751** **ORANGE**

4. FEI Number Applied For
59-3676182 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BIRCHMIER, RANDALL R
1390 HOPE ROAD
SUITE 200
MAITLAND FL 32751

7. Name and Address of New Registered Agent
 Name **BIRCHMIER, RANDALL R.**
 Street Address (P.O. Box Number is Not Acceptable)
549 WYMORE ROAD, SUITE 106
 City **MAITLAND** **FL** Zip Code **32751**

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 *Randall R. Birchmier*, **RANDALL R. BIRCHMIER** DATE **1/6/01**
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

TITLE	D <input type="checkbox"/> Delete
NAME	BIRCHMIER, RANDALL R
STREET ADDRESS	1390 HOPE ROAD, SUITE 200
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRCHMIER, RANDALL R.
STREET ADDRESS	549 WYMORE ROAD, SUITE 106
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Randall R. Birchmier*, **RANDALL R. BIRCHMIER** DATE **1/6/01** DAYTIME PHONE # **407-647-7445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)