2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State
05-30-2003 90085 010 ***550.00

DOCUMENT # P00000105642

1. Entity Name
M2 CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
2107 S US 1 B ROCKLEDGE FL 32955	2107 S US 1 B ROCKLEDGE FL 32955

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2107 S US Hwy 1		2107 S US Hwy 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ROCKLEDGE FL		City & State: ROCKLEDGE FL	
Zip: 32955	Country: US	Zip: 32955	Country: US

4. FEI Number 52-2280005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
2107 S US 1
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: STEVEN J. MUNDINE
Street Address (P.O. Box Number is Not Acceptable): 3652 MCLEAN AVENUE
City: ROCKLEDGE FL Zip Code: 32955

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] STEVEN J. MUNDINE, PRESIDENT 05/27/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MUNDINE, STEVEN J		NAME		
STREET ADDRESS	3652 MCCLEAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MURPHY, CHRIS A		NAME		
STREET ADDRESS	440 CAPTAIN BLYTH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 05/27/03 STEVEN J. MUNDINE, PRESIDENT (321)636-0374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #