

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90215 005 ***150.00

0507273 AV

DOCUMENT # P01000011265

1. Entity Name
MISSION CONSTRUCTION INC.



Principal Place of Business
**1137 BARTOW RD.
LAKELAND FL 33801**

Mailing Address
**PO BOX 1058
EASTON PARK FL 33840-1058**

2. Principal Place of Business
1137 Bartow Road
Suite, Apt. #, etc.
Suite 201

3. Mailing Address
P. O. Box 1058
Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State
Eaton Park, Florida

4. FEI Number
59-3698559

Applied For
Not Applicable

Zip Country
33801 U.S.A.

Zip Country
33840-1058 U.S.A.

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

**BETHELL, VAN A
1137 BARTOW RD. STE 201
LAKELAND FL 33801**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P BETHELL, VAN A 1137 BARTOW ROAD STE. 201 LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BETHELL, JOYCE L 1137 BARTOW ROAD STE. 201 LAKELAND FL 33801	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)* **4/30/03** **863/683-9223**
Date Daytime Phone #

CR2E034 (10/02)