

**200 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **PO1000041102**

1. Entity Name

MB CUSTOM HOMES, INC.

FILED

03 DEC -2 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3400 HEARTWOOD LANE  
MELBOURNE FL 32934

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-3714453

Applicant For

Not Applicable

Zip

Country

Zip

Country

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

Matthew R. Buecker  
3400 Heartwood Ln.  
Melbourne, FL 32934

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐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-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
DIRECTOR	MATTHEW R BUECKER	3400 HEARTWOOD LANE	MELBOURNE, FL 32934				
DIRECTOR	AMANDA L BUECKER	3400 HEARTWOOD LANE	MELBOURNE FL 32934				

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/03

Date

(321) 863-9690

Daytime Phone #

CR2E004 (9/99)

**MILLER, MILLER & ASSOCIATES**

*Tax and Accounting Service*

ALLEN MILLER  
(321) 259-7704

2087-A Sarno Road  
Melbourne, FL 32935

MARGE MILLER  
(321) 259-7566

November 21, 2002

Florida Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Request for Abatement of Penalty  
and Reinstatement

Gentlemen:

I am writing you to request an abatement of any penalties and reinstatement of my corporation. As I moved into my new home during the year 2002 apparently I never got the original or subsequent notices to renew. I have made the necessary corrections to my application for reinstatement (new address).

I have also included my check in the amount of \$150.00 for the current year.

Should you have any questions please contact me. I have included my telephone number at the bottom of the reinstatement form as requested.

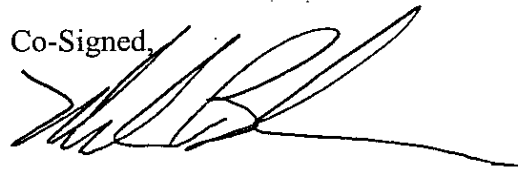
Thank you for your help and attention to this matter. The lady I spoke to on the telephone at your office was very helpful.

Sincerely,



Allen L. Miller, E.A., P.A.  
Tax Accountant  
Miller, Miller & Associates

Co-Signed,



Matthew Buecker  
President  
MB Custom Homes, Inc.

cc:file  
client

Attachments -2    1 check    1 Reinstatement Application