2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

SANIBEL ISLAND FL 33957

2. Principal Place of Business

Suite, Apt. #, etc.

P02000008441

Mailing Address

835 ELINOR WAY

3. Mailing Address

Suite, Apt. #, etc.

SANIBEL ISLAND FL 33957

1. Entity Name

835 ELINOR WAY

MUENCH CONTRACTING, INC.



Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90174 042 ***158.75

☐ CHECK HERE IF MAKING CHANGES									
FEI Number 01-0596511	Applied For Not Applicable								
Certificate of Status Desired \$8.75 Additional Fee Required									
Name and Address of New Registered Agent									
Box Number is Not Acceptable)									
,									
FL Z	ip Code ————————								
gent, or both, in the State of Florida. I am familia	ur with, and accept								
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees								
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-	Name and Administration	Danishan danish		T					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MUENCH DA	MD			- Nati je					
MUENCH, DAVID 835 ELINOR WAY			Street Address (P.O. Box Number is Not Acceptable)						
								SANIBEL ISLA	ND FL 33957
				City			Zip Code		
	ned entity submits this statement fo of registered agent.	r the purpose of cha	anging its registe	red office or re	gistered ago	ent, or both, in the State of Florida. I am fa	amiliar with,	and accept	
Signa	ature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature r	required when re	instating) DATE		<u>. </u>	
After Ma	NOW!!! FEE IS \$150.00 by 1, 2003 Fee will be \$550.00 yable to Florida Department of	State				9. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AND	DIRECTORS	, 11,		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
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I2. I hereby certif	v that the information supplied with	this filing does not	gualify for the eye	emption stated	in Section 1	119 07(3)(i) Florida Statutes I further cert	ify that the in	formation	

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: