## FILED 2003 FOR PROFIT CORPORATION May 01, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State DOCUMENT # P02000037380 05-01-2003 90808 007 \*\*\*150.00 1. Entity Name MICHAEL P. MALSON CONSTRUCTION INC. Principal Place of Business Mailing Address ~UJJ444 48 WESTGEDAR LANE 48 WESTCEDAR LANE PALM COAST FL 32164 PALM COAST FL 32164 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALSON, MICHAEL P **48 WESTCEDAR LANE** PALM COAST FL 32164 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bold, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 4 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE : PO Delete TITLE michael P. Malson NAME NAME Malson, Michael P STREET ADDRESS 48 WESTCEDAR LANE STREET ADDRESS 5549CAMPO CITY-ST-ZIP Keystone Heights, CITY-ST-ZIP PALM COAST FL 32164 ☐ Addition ☐ Delete TITLE LEY J MAL NAME NAME MALSON, KELLY J 549 CAMPO STREET ADDRESS STREET ADDRESS 48 WESTCEDAR LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST\_FL\_32164 Delete Addition TITLE DILE Jeanne m Childs 2627 Yule Trec DR NAME CHILDS, JEANNE M STREET ADDRESS STREET ADDRESS 2627 YULETREE DRIVE Edgewater FI 3241 CITY-ST-ZIP CITY-ST-ZIF <u>EDGEWATER FL</u> ☐ Delete Change Change ■ Addition TITLE TITLE NAME Shannan T NAME MALSON, SHANNAN T STREET ADDRESS 5549 CAMPO STREET ADDRESS 48 WESTCEDAR LANE CITY-ST-ZIF CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 receive for trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if or trustee epspowered than address, with all

CITY-ST-ZIP

STREET ADDRESS

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NAME

SIGNATURE: /

CITY-ST-ZIP

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TITLE

NAME

☐ Delete

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Addition