

FILED  
Jul 07, 2003 8:00 am  
Secretary of State

06-23-2003 90057 011 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059400

1. Entity Name  
M.T.S. CONSTRUCTION, INC.

Principal Place of Business  
8731 SW FOXBROWN  
INDIANTOWN, FL 34956

Mailing Address  
8731 SW FOXBROWN  
INDIANTOWN, FL 34956

2. Principal Place of Business  
4551 SE Hampton CT  
SUITE, APT. #, etc.

3. Mailing Address  
4551 SE Hampton CT  
SUITE, APT. #, etc.

City & State  
STUART FL

City & State  
STUART FL

4. FEI Number  
05-0525192

Applied For  
Not Applicable

Zip  
34997

Country  
Martin

Zip  
34997

Country  
Martin

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

6. Name and Address of Current Registered Agent

MABEE, SHELLA  
8731 SW FOXBROWN  
INDIANTOWN, FL 34956

7. Name and Address of New Registered Agent

NAME  
Don R Mancil Jr  
Street Address (P.O. Box Number is Not Acceptable)

3085 SW Kanner Hwy

City  
STUART

FL

Zip  
34997

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  
Don R Mancil Jr

7-203

Signature, typed or stamped name of registered agent and date of signature

(NOTE: Registered Agent's signature required when making change)

DATE

ALL INFORMATION ON THIS FORM IS TO BE KEPT IN THE OFFICE OF THE SECRETARY OF STATE AND NOT TO BE RELEASED TO THE PUBLIC.

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MABEE, SHELLA  
8731 SW FOXBROWN  
INDIANTOWN, FL 34956

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Don R Mancil Jr  
3085 SW Kanner Hwy  
STUART FL 34997

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ Change ☐ 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other line employees.

SIGNATURE  
Don R Mancil Jr

6-16-03

772-288-0951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON SEPARATE SHEET

DATE

PHONE NUMBER

OFFICIAL (12/02)