FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000117572

1. Entity Name
M. G. R. Construction Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
223 Laurel Ridge Pass
Suite, Apt. #, etc.
City & State: Davenport Florida
Zip: 33837 Country: Polk

3. Mailing Address
223 Laurel Ridge Pass
Suite, Apt. #, etc.
City & State: Davenport Florida
Zip: 33837 Country: Polk

4. FEI Number: 03-0490887 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: MARCO Gutierrez
Street Address (P.O. Box Number is Not Acceptable): 223 Laurel Ridge Pass
City: Davenport FL Zip Code: 33837

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 _____
Name typed or printed above of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	MARCO Gutierrez / P.	TITLE	
NAME	16254 Coopers Hawk Ave	NAME	
STREET ADDRESS	Clermont Fl 34711	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Reiholdo Pulido / V.P.	TITLE	700023490367
NAME	223 Laurel Ridge Pass	NAME	10/02/03--01004--012 **150.00
STREET ADDRESS	Davenport Fl 33837	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	DO NOT WRITE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

gr 10/6

September 25, 2003

TO: DEPARTMENT OF STATE:
DIVISION OF CORPORATIONS

THIS LETTER IS TO LET YOU KNOWN THAT I NEVER RECEIVED MY ANNUAL REPORT FOR YEAR 2003. DUE THAT WAS SENT TO THE WRONG ADDRESS. ENCLOSED FIND UNIFORM REPORT WITH THE RIGHT INFORMATION. PLEASE CONSIDER NOT CHARGING ME WITH THE PENALTY, ENCLOSED IS A CHECK FOR $150.00.

THANK YOU.

MARCO GUTIERREZ / PRESIDENT