

**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

2. Principal Place of Business

223 Laurel Ridge Pass

Suite, Apt. #, etc.

3. Mailing Address

223 Laurel Ridge Pass

Suite, Apt. #, etc.

REINSTATEMENT *03*
DO NOT WRITE IN THIS SPACE

City & State

Davenport Florida

City & State

Davenport Florida

4. FEI Number

03-0490887

Applied For

Not Applicable

Zip

33837

Country

Pol/K

Zip

33837

Country

Pol/K

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
*MARCO Gutierrez / P.
16254 COOPERS HAWK AVE
Clermont FL 34711*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Reinholdo Pulido / V.P.
223 Laurel Ridge Pass
Davenport FL 33837*

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700023490367
10/02/03--01004--012 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 or without other employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

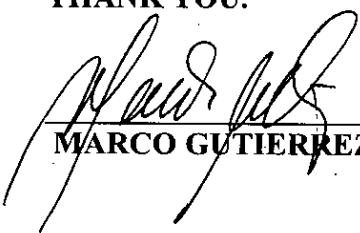
9/10/06

September 25, 2003

**TO: DEPARTMENT OF STATE:
DIVISION OF CORPORATIONS**

**~~THIS LETTER IS TO LET YOU KNOW 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