

03-11-2005 90306 008 ***150.00

P03000094383

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

05 JUN 28 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40030843

DOCUMENT #

1. Entity Name

P03000094383

MALLARD HOMES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 7187

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

Zip

33734

Country

Zip

Country

4. FEI Number

74-3103106

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE****7. Name and Address of Current Registered Agent**

Name

STEPHEN E HEDENSTAD, REGISTERED AGENT

Street Address (P.O. Box Number is Not Acceptable)

1205 11th St. N.

City
ST PETERSBURG

FL

33705

Zip Code
33704

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: 

STEPHEN E HEDENSTAD, PRESIDENT

3/5/2005

Signature, typed or printed name 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	PRESIDENT
NAME	STEPHEN E HEDENSTAD
STREET ADDRESS	PO BOX 7187
CITY-ST-ZIP	ST PETERSBURG, FL 33734

TITLE	
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**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)(f), 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: 

STEPHEN E HEDENSTAD, PRESIDENT

3/5/2005

(727) 822-8567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #