

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90456 040 \*\*\*150.00

DOCUMENT # P93000032201

1. Entity Name

MCHUGH BUILDING & REMODELING, INC.



Principal Place of Business

~~6008 PARK RIDGE DR.~~ 6736 Ferri Cir.  
PORT ORANGE FL 32127 32128  
US

Mailing Address

~~6008 PARK RIDGE DR.~~ 6736 Ferri Cir.  
PORT ORANGE FL 32127 32128  
US

2. Principal Place of Business

3. Mailing Address

6736 Ferri Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange FL

Zip

Country

32128

Country

US

4. FEI Number

59-3178601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCHUGH, JUDITH H

~~6008 PARK RIDGE DRIVE~~ 6736 Ferri Circle  
PORT ORANGE FL 32127 32128

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCHUGH, JUDITH H	
STREET ADDRESS	6008 PARK RIDGE DR.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCHUGH, JAMES J	
STREET ADDRESS	6008 PARK RIDGE DR.	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6736 Ferri Circle	
STREET ADDRESS	6736 Ferri Circle	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6736 Ferri Circle	
STREET ADDRESS	6736 Ferri Circle	
CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03 (38) 7604760

CR2E034 (10/02)