

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001610

1. Entity Name

M.T. FLANAGAN CONSTRUCTION INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90106 029 ***150.00

Principal Place of Business

18404 NW 19TH AVE
HIGH SPRINGS FL 32613
US

Mailing Address

18404 NW 19TH AVE
HIGH SPRINGS FL 32613
US

2. Principal Place of Business

18404 N.W. 190TH AVE

Suite, Apt. #, etc.

HIGH SPRINGS

City & State

FL

Zip

32643

Country

ALABAMA

3. Mailing Address

P.O. BOX 1399

Suite, Apt. #, etc.

City & State

HIGH SPRINGS, FL

Zip

32655

Country

ALABAMA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3219823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, MITCHELL T
10108 SW 36 PL
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
D
FLANAGAN, MITCHELL T
STREET ADDRESS
10108 SW 36 PL
CITY-ST-ZIP
GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
FLANAGAN MITCHELL T.
STREET ADDRESS
18404 N.W. 190TH AVE
CITY-ST-ZIP
HIGH SPRINGS, FL 32655 ☒ Change ☐ Addition

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

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

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

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

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

13. 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 11 or Block 12 if changed, 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 #

CR2E034 (9/99)