

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90032 021 ***150.00

DOCUMENT # P96000078961

1. Entity Name

MAGNUM GENERAL CONTRACTING COMPANY, INC.

Principal Place of Business

**85 SOUTH ATLANTIC AVENUE
 SUITE #402
 COCOA BEACH FL 32931**

Mailing Address

**85 SOUTH ATLANTIC AVENUE
 SUITE #402
 COCOA BEACH FL 32931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3402112**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, MORRIS
 85 SOUTH ATLANTIC AVE-STE 402
 COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name **MORRIS C. NELSON JR.**
 Street Address (P.O. Box Number is Not Acceptable)
**85 SOUTH ATLANTIC AVE
 SUITE #402**
 City **COCOA BEACH** FL Zip Code **32931**

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

Morris C. Nelson Jr. **MORRIS C. NELSON JR.**

2/10/01

Signature, typed or printed name of registered agent and date 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, 2001 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 **D** ☐ Delete
 NAME **NELSON, MORRIS**
 STREET ADDRESS **85 SOUTH ATLANTIC AVENUE, #402**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Morris C. Nelson Jr. **MORRIS C. NELSON JR.** **2/10/01** **321-799-2423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0080080