2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080551

1. Entity Name

MCDONNELL CONSTRUCTION COMPANY, INC.

Principal Place of Business	Mailing Address
3274 FOX LAKE DRIVE TAMPA FL 33618	3274 FOX LAKE DRIVE TAMPA FL 33618-1439

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16409 CYPRESS WATER WAY Suite, Apt. #, etc. *# 413* City & State *TAMPA FL* Zip *33624* Country *Hills*	*16409 CYPRESS WATER WAY* Suite, Apt. #, etc. *# 413* City & State *TAMPA FL* Zip *33624* Country *Hills*

4. FEI Number 59-3404149 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONNELL, DAVID B SR. 3274 FOX LAKE DRIVE TAMPA FL 33618	Name Street Address (P.O. Box Number is Not Acceptable) *16409 CYPRESS WATER WAY* *# 413* City *TAMPA* FL Zip Code *33624*

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)_   *28 APR 00*

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME MCDONNELL, DAVID B SR. STREET ADDRESS 3274 FOX LAKE DRIVE CITY-ST-ZIP TAMPA FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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)_   *28 APR 00*   *813 961 9674*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #