

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P97000004515

1. Entity Name

Michael Stanley Construction, Inc.

02 NOV -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8855 Navarre Pkwy.

3. Mailing Address
P.O. Box 6467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Navarre, FL 32566

City & State
Navarre, FL 32566

4. FEI Number
59-3422044

Applied For
Not Applicable

Zip
32566

Country
USA

Zip
32566

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael Stanley

Street Address (P.O. Box Number is Not Acceptable)
1447 #4 Arkansas St.

City Navarre FL Zip Code 32566

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
President Stanley, Michael 1447#4 Arkansas, Navarre, FL 32566			

300008768933
11/01/02--01114--009 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)

11/7/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004515

1. Corporation Name

Michael Stanley Construction, Inc.

2. Principal Office Address

8855 Navarre Pkwy

3. Mailing Office Address

P.O. Box 6467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Navarre, FL

Zip

32566

Country

USA

Zip

32566

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/97

5. FEI Number

59-3422044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Stanley

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

1447 #4 Arkansas

Suite, Apt. #, Etc.

City

Navarre

State
FL

Zip Code
32566

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Stanley
REGISTERED AGENT MUST SIGN

Date 10/30/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael Stanley	1447 #4 Arkansas St.	Navarre, FL 32566

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael Stanley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Stanley

10/20/02

Date

850-936-0060

Daytime Phone #

CR2E081 (9/01)

21 11/7/02



**MICHAEL STANLEY
CONSTRUCTION, INC.**

P.O. Box 6467
8855 Navarre Parkway
Navarre, Florida 32566

(850) 936-0060
Toll Free 1-877-351-7697
Fax (850) 936-0205

October 30, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302 - 1500

To Whom It May Concern:

It was brought to my attention by our closing company, Lawyer's Title, that the Corporation was listed as "inactive". After checking our records, I found that we did not receive the Uniform Business Report package. A check for \$150 is enclosed. Please wave the late fee, and reinstate the Corporation.

Thank you in advance for your prompt attention to this.

Sincerely,

Michael Stanley
President

MS/jt
Enclosures