

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020856

1. Entity Name
M. C. FLOYD BUILDING CONTRACTOR, INC.

Principal Place of Business
1899 OAK TRAIL
CALLAHAN FL 32011

Mailing Address
1899 OAK TRAIL
CALLAHAN FL 32011

2. Principal Place of Business
5348 Robinwood Circle
Suite, Apt. #, etc.

3. Mailing Address
PO. Box 1220
Suite, Apt. #, etc.

City & State
Callahan FL
Zip
32011
Country
Nassau

City & State
Callahan FL
Zip
32011
Country
Nassau

4. FEI Number 59-3432635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLOYD, MICHAEL C
1899 OAK TRAIL
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name
Floyd Michael C.
Street Address (P.O. Box Number is Not Acceptable)
5348 Robinwood Circle
City
Callahan FL FL Zip Code
32011

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	D FLOYD, MICHAEL C 1899 OAK TRAIL CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Floyd Michaels C. Callahan FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 14, 2000 8:00 am
Secretary of State

05-02-2000 90004 028 ***150.00
09-14-2000 90016 034 ***400.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

9/12/00

Daytime Phone #