

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90099 002 ***150.00

DOCUMENT # P97000020856

1. Entity Name

M. C. FLOYD BUILDING CONTRACTOR, INC.

Principal Place of Business

5348 ROBINWOOD CIRCLE
CALLAHAN FL 32011

Mailing Address

P.O. BOX 1220
CALLAHAN FL 32011

2. Principal Place of Business

5348 Robinwood Circle

3. Mailing Address

P.O. Box 1220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Callahan FL

City & State

Callahan FL

4. FEI Number

59-3432635

Applied For

Not Applicable

Zip

32011

Country

Nassau

Zip

32011

Country

Nassau

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOYD, MICHAEL C
5348 ROBINSON CIRCLE
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name

Floyd Michael

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

5348 Robinwood Cir

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 Mike C. Floyd

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

(NOTE: Registered Agent signature required when reinstating)

4/29/01

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	P	<input checked="" type="checkbox"/> Delete
NAME	FLOYD, MICHAEL C	
STREET ADDRESS	1899 OAK TRAIL	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Floyd, Michael C	
STREET ADDRESS	5348 Robinwood Circle	
CITY-ST-ZIP	Callahan FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Mike Floyd

Mike Floyd

4/29/01

904-759-4918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)