

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90023 033 ***550.00

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

1747 Hodges Rd.

Suite, Apt. #, etc.

Callahan FL.

City & State

32011 U.S.A.

Zip

Country

3. Mailing Address

1747 Hodges Rd.

Suite, Apt. #, etc.

Callahan FL. 32011

City & State

32011 U.S.A.

Zip

Country



DO NOT WRITE IN THIS SPACE

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
 5348 ROBINSON CIRCLE
 CALLAHAN FL 32011**

7. Name and Address of New Registered Agent

Name

Mike C Floyd

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

1747 Hodges Rd

Callahan FL. 32011

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee 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 **P** ☐ Delete
 NAME **FLOYD, MICHAEL C**
 STREET ADDRESS **5348 ROBINWOOD CIRCLE**
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Floyd Michael C.**
 STREET ADDRESS **1747 Hodges Rd.**
 CITY-ST-ZIP **Callahan FL. 32011**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 NAME
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/02

904-759-4918
 Daytime Phone #

CR2E034 (4/02)