2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90021 027 ***150.00

DOCUMENT # P97000024556

1. Entity Name
M J M CONTRACTORS, INC.

Principal Place of Business	Mailing Address
12991 114th Ave. N Largo, Fl. 33774	12991 114th Ave. N. Largo, Fl. 33774

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16310 Dew Drop Lane	16310 Dew Drop Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Fl.	City & State: Tampa, Fl.
Zip: 66625 Country: US	Zip: 33625 Country: US

4. FEI Number: 59-3444719 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Michael J. Michaud
12991 114th Ave. N.
Largo, Fl. 33774

7. Name and Address of New Registered Agent

Name: Michael J. Michaud
Street Address (P.O. Box Number is Not Acceptable): 16310 Dew Drop Lane
City: Tampa FL Zip Code: 33625

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: Michael J. Michaud Michael J. Michaul, President 5/1/00
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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	Michael J. Michaud	NAME	Michael J. Michaud
STREET ADDRESS	12991 114th Ave. N.	STREET ADDRESS	16310 Dew Drop Lane
CITY-ST-ZIP	Largo, Fl. 33774	CITY-ST-ZIP	Tampa, Fl. 33625
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael J. Michaud Michael J. Michaud, President 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #