

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90181 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000047270**

1. Entity Name

MARK BULLARD BUILDERS, INC.



Principal Place of Business

**17298 ELSINORE DR.
JACKSONVILLE FL 32226**

Mailing Address

**17298 ELSINORE DR.
JACKSONVILLE FL 32226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3449273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOMASSETTI, A. JEFFREY
406 ASH ST.
FERNANDINA BEACH FL 32034**

Name

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

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 restating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE: DSP
NAME: BULLARD, MARK
STREET ADDRESS: 17298 ELSINORE DR.
CITY-ST-ZIP: JACKSONVILLE FL 32226**

Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

Change Addition

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Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Bullard

3/3/03

904 757-2358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRP2034 (10/02)