## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 08, 2000 8:00 am DOCUMENT # P97000048972 **Secretary of State** 1. Entity Name MUDGE CONSTRUCTION, INC. 02-08-2000 90070 034 \*\*\*158.75 Principal Place of Business Mailing Address 4726 LARK RIDGE CIR. 4726 LARK RIDGE CIR. SARASOTA FL 34233 SARASOTA FL 34233-1729 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0757736 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARNES, GARRET T Street Address (P.O. Box Number is Not Acceptable) 3119 MANATEE AVE., W. **BRADENTON FL 34205** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, VICE **X** Addition TITLE TITLE ☐ Delete POLSTON MUDGE, DOUGLAS W. JOHN'N4 NAME 4726 LARK RIDGE CIR STREET ADDRESS 4907 STREET ADDRESS BRADENTON Fl. 34203 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 J. BERNIUS Change Addition ☐ Delete TITLE TITLE MATHEW MUDGE, LORI NAME NAME 4726 LARK RIDGE CIR STREET ADDRESS STREET ADDRESS 34231 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 Delete TITLE ---☐ Change ☐ Addition TITLE BOURG, JASON NAME NAME 3338 SPAINWOOD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Change TITLE Delete TITLE COGGINS, TONY NAME NAME 2855 JAMACA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

MUDGE DOUGLAS SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

13. Thereby 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 in the product with an address with all other like empowered.