

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036464

1. Entity Name

MEANS DESIGN & GENERAL CONTRACTORS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90124 030 \*\*\*158.75

Principal Place of Business

Mailing Address

C/O DARYL A. MEANS  
 2312 GATES DRIVE  
 TALLAHASSEE FL 32312

C/O DARYL A. MEANS  
 2312 GATES DRIVE  
 TALLAHASSEE FL 32312-3154

00010771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9031 Winged Foot Dr

9031 Winged Foot Dr

Tallahassee FL

Tallahassee FL

Zip 32312

Country Leon

Zip 32312

Country Leon

4. FEI Number

59-3507131

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

MEANS, DARYL A  
 2312 GATES DRIVE  
 TALLAHASSEE FL 32312

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.

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 \$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  
 NAME MEANS, DARYL A  
 STREET ADDRESS 2312 GATES DRIVE  
 CITY-ST-ZIP TALLAHASSEE FL 32312



TITLE MEANS, DARYL A  
 NAME MEANS, DARYL A  
 STREET ADDRESS 9031 WINGED FOOT DRIVE  
 CITY-ST-ZIP TALLAHASSEE FL 32312



TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP



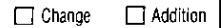
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000

Date

850-510-5176

Daytime Phone #

CR2E034 (9/99)