

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90021 024 ***150.00

DOCUMENT # P98000059710

1. Entity Name

MAIR CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

**1225 WINDSOR AVE.
 LONGWOOD FL 32750**

**P.O. BOX 1076
 ALTAMONTE SPRINGS FL 32715**

2. Principal Place of Business

3. Mailing Address

1405 HILLTOP DR

1405 HILLTOP DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MOUNT DORA, FL

MOUNT DORA, FL

Zip

Country

Zip

Country

32757 LAKE

32757 LAKE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPICER, KAREN L

Name

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

1405 HILLTOP DR

City

MOUNT DORA

FL

Zip Code

32757

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: **PVD** ☐ Delete
 NAME: **MAIR, AL**
 STREET ADDRESS: **1225 WINDSOR AVE**
 CITY-ST-ZIP: **LONGWOOD FL 32750**

TITLE: ☒ Change ☐ Addition
 NAME: **MAIR, KAREN L.**
 STREET ADDRESS: **1405 HILLTOP DR**
 CITY-ST-ZIP: **MOUNT DORA, FL 32757**

TITLE: **STD** ☐ Delete
 NAME: **SPICER, KAREN L.**
 STREET ADDRESS: **1225 WINDSOR AVE**
 CITY-ST-ZIP: **LONGWOOD FL 32750**

TITLE: ☒ Change ☐ Addition
 NAME: **MAIR, KAREN L.**
 STREET ADDRESS: **1405 HILLTOP DR**
 CITY-ST-ZIP: **MOUNT DORA, FL 32757**

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

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

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

AL MAIR

Date

4-24-00

Daytime Phone #

352/735-5059

CF2EC14 (3/98)