

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91722 033 ***150.00

DOCUMENT # P98000107637

1. Entity Name

M.Y. CONTRACTORS, INC.

Principal Place of Business

300 E. STATE STREET

#E

JACKSONVILLE FL 32202

Mailing Address

300 E. STATE STREET

#E

JACKSONVILLE FL 32202

2. Principal Place of Business

1333 W. Beaver st

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 40722

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

Jax. Fla

4. FEI Number

59-3559826

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, JANICE

300 E. STATE STREET

#E

JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Janice Bell

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

1333 W. Beaver St

City

Jax. Fl. 32209

FL

Zip Code

32209

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

Janice Bell Janice Bell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-25-02

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, 2002 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

TITLE **PSTD**
 NAME **BELL, JANICE**
 STREET ADDRESS **300 E. STATE ST. #E**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (9/01)

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:

Janice Bell Janice Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

904 665 0003

Daytime Phone #