2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90135 039 ***550.00

0136488 AT

DOCUMENT # P99000002817

1. Entity Name
M.D. BUILDING SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~1505 AUBURN OAKS BLVD 4500~~	~~1505 AUBURN OAKS BLVD~~ P.O. Box 1921
AUBURNDALE FL 33823	AUBURNDALE FL 33823
US	

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4500 Hwy 92E, #1030	P.O. Box 1921
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lakeland FL	Auburndale FL
Zip 33801 Country USA	Zip 33823 Country USA

4. FEI Number 59-3557086 ☐ 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
KNAPP, MARTIN V	Name
~~1505 AUBURN OAKS BLVD.~~ 4500 Hwy 92E, #1030	Street Address (P.O. Box Number is Not Acceptable)
AUBURNDALE FL 33823	4500 Hwy 92E, #1030
	City Lakeland FL Zip Code 33801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Secretary, Treasurer KNAPP, MARTIN V 1505 AUBURN OAKS BLVD. AUBURNDALE FL 33823	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KNAPP, MARY LOU 675 OLD BERKLEY RD. AUBURNDALE FL 33823	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WHITLOCK, DAVID S 373 PENINSULAR CT HAINES CITY FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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: Martin V Knapp FILED 8-11-2003 863-559-2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #