

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

0126745  
AT

**DOCUMENT # P99000005407**

1. Entity Name  
**MCMAHON BUILDING COMPANY**



Principal Place of Business  
**426 E. CENTER ST.  
ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**3242 N.W. 12TH ST.  
GAINESVILLE FL 32609**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3558591**

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

**MCMAHON, CATHERINE  
3242 N.W. 12TH ST.  
GAINESVILLE FL 32609**

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. I am familiar with, and accept the obligations of registered agent.

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 \$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>	<b>MCMAHON, CATHERINE</b>	<b>3242 N.W. 12TH ST.</b>	<b>GAINESVILLE FL 32609</b>						

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.

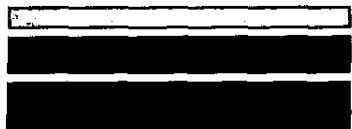
**SIGNATURE:** *Catherine M. McMahon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09-02-03** **352 216 1147**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment# 80145839  
p99000005407

**State Certified Building, Plumbing and Mechanical Contractor**  
State Plumbing Lic.# CF-C057264 • State Building Lic.# CB-C058716  
Mechanical Lic. # CM-1249317



**McMAHON**  
Building Company

Catherine McMahon  
*President*

September 4, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 59-3558591  
McMahon Building Company

Dear Sir:

Please be advised that the uniform business report for 2003 was not filed due to a change in business address preventing the receipt of original notice.

I am enclosing herewith a completed uniform business report for 2003 together with a check in the amount of \$150.00.

Please notify me immediately if there are any issues or concerns.

Sincerely,

Catherine McMahon  
President  
McMahon Building Company  
(352) 373-2690 Office  
(352) 216-1147 Cell