

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063810

1. Entity Name

M & R SUPERIOR CONSTRUCTION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90873 033 ***150.00

Principal Place of Business

Mailing Address

10425 PARK BOULEVARD
 SEMINOLE FL 33772

10425 PARK BOULEVARD
 SEMINOLE FL 33772-5435

2. Principal Place of Business

3. Mailing Address

14528 ANCHORAGE CIRCLE 14528 ANCHORAGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number

59-3604600

Applied For

Not Applicable

Zip

33776

Country

PINELLAS

Zip

33776

Country

PINELLAS

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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	PSTD	<input type="checkbox"/> Delete
NAME	SHUH, RICHARD L	
STREET ADDRESS	10425 PARK BOULEVARD	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE-SHUE, RICHARD	
STREET ADDRESS	14528 ANCHORAGE CIRCLE	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VICE PRESIDENT, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK LOEFFLER	
STREET ADDRESS	7972 CAUSEWAY BLVD N.	
CITY-ST-ZIP	ST. PETE FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Richard L. Shuh PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

(727) 480-0587
 Daytime Phone #

CR2E034 (9/99)