


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91906 018 ***150.00

DOCUMENT # P99000078630

1. Entity Name
MAHER METAL - FRAMING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1535 Phyllis Drive</u> Suite, Apt. #, etc.		3. Mailing Address <u>1535 Phyllis Drive</u> Suite, Apt. #, etc.	
City & State <u>Merritt Island, FL</u>	City & State <u>Merritt Island, FL</u>	4. FEI Number <u>59-3578674</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32952</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Maher, Thomas R.

Street Address (P.O. Box Number is Not Acceptable)
1535 Phyllis Drive

City Merritt Island FL Zip Code 32952

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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PS TD</u> <u>Maher, Thomas R.</u> <u>1535 Phyllis Drive</u> <u>Merritt Island, FL 32952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>O'Neill, Tracy</u> <u>1535 Phyllis Drive</u> <u>Merritt Island, FL 32952</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Maher 5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)