

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90125 036 ***150.00

DOCUMENT # P99000087236
1. Entity Name
 MIKE RUSHING CONSTRUCTION COMPANY

Principal Place of Business **Mailing Address**
 215 E. Hickory Ave. 215 E. Hickory Ave.
 Crestview, FL 32536 Crestview, FL 32536

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **Applied For**
 59-3602611 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Aurora Tax Services, Inc.
 1455 S. Ferdon Blvd. Suite A-1
 Crestview, FL 32539

7. Name and Address of New Registered Agent
 Name: Donna R. Bahm
 Street Address (P.O. Box Number is Not Acceptable):
 2155 E. Hickory Ave.
 City: Crestview, FL Zip Code: 32536

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]* DATE: 4/23/01
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P Rushing, Michael F. 4069 Christopher Lane Crestview, FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rushing, Clinton C. 4069 Christopher Lane Crestview, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. Rushing, Sara A. 4069 Christopher Lane Crestview, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* DATE: 4/23/01 DAYTIME PHONE #: (850) 423-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

DO NOT WRITE IN THIS SPACE