

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29859

1. Entity Name

M.B.C. CONSTRUCTION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90002 034 ***150.00

Principal Place of Business

4707 ENTERPRISE AVE
2
NAPLES FL 34104
US

Mailing Address

P O BOX 2852
P O BOX 2852
NAPLES FL 34106-2852
US

2. Principal Place of Business

3. Mailing Address

4707 Enterprise Ave.
Suite, Apt. #, etc.
Unit #2

City & State

City & State
Naples, Florida

Zip

Country

Zip

Country

34104

Collier

4. FEI Number

65-0244754

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

MILLER, STEVEN A.
496 RAVEN WAY
NAPLES FL 34110

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 PS
NAME MILLER, STEVEN A.
STREET ADDRESS 496 RAVEN WAY
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MILLER, WILSON H.
STREET ADDRESS 18640 CEDAR DR W
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MILLER, KIMBERLY L
STREET ADDRESS 975 9TH AVENUE SOUTH #18
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME SMALL, ROY
STREET ADDRESS 1834 GROVE AVENUE
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE VT
NAME Small, Roy
STREET ADDRESS 1834 Grove Avenue
CITY-ST-ZIP Ft Myers, Fl 33901 ☒ 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

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: *Steven A. Miller* Steven A. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)