

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90085 010 ***550.00

DOCUMENT # P00000105642



1. Entity Name
M2 CONSTRUCTORS, INC.

Principal Place of Business Mailing Address
2107 S US 1 8 2107 S US 1 8
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

2. Principal Place of Business 3. Mailing Address
2107 S US Hwy 1 2107 S US Hwy 1

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ROCKLEDGE FL ROCKLEDGE FL

Zip Country Zip Country
32955 US 32955 US

4. FEI Number Applied For
52-2280005 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
2107 S US 1
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name: **STEVEN J. MUNDINE**
Street Address (P.O. Box Number is Not Acceptable): **3652 MCLEAN AVENUE**
City: **ROCKLEDGE FL** Zip Code: **32955**

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: *Steven J. Mundine* **STEVEN J. MUNDINE, PRESIDENT** DATE: **05/27/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNDINE, STEVEN J 3652 MCCLEAN AVENUE ROCKLEDGE FL 32955 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, CHRIS A 440 CAPTAIN BLYTH PLACE MERRITT ISLAND FL 32953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Steven J. Mundine* **STEVEN J. MUNDINE, PRESIDENT (321)636-0374**

CR2E034 (10/02)