2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90079 028 ***150.00

DOCUMENT # G58060

1. Entity Name
G.H.B. CONTRACTORS, INC.

JUU10073

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
% THOMAS W. WILLIS 1515 W SMITH ST PO BOX 541092 ORLANDO FL 32854	% THOMAS W. WILLIS 1515 W SMITH ST PO BOX 541092 ORLANDO FL 32854

2. Principal Place of Business	3. Mailing Address
2774 Carrier Avenue Suite, Apt. #, etc.	2774 Carrier Avenue Suite, Apt. #, etc.
City & State: Sanford, FL	City & State: Sanford, FL
Zip: 32773 Country: USA	Zip: 32773 Country: USA

4. FEI Number 59-2332194 ☐ 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
WILLIS, THOMAS W. 1515 W SMITH ST PO BOX 541092 ORLANDO FL 32854	Name: Thomas W. Willis Street Address (P.O. Box Number is Not Acceptable): 2774 Carrier Avenue City: Sanford FL Zip Code: 32773

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLOCK, GERALD H. 2632 SHAD LANE GENEVA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIS, THOMAS W. 617 ELLSWORTH ST ALTAMONTE SPG FL	☐ Delete	Thomas W. Willis 1671 Kingston Longwood, FL 32750	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED January 28, 2003 407-330-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #