2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P97000092239 1. Entity Name A-1 BUILDERS, INC.				Secretary of State 02-21-2002 90126 044 ***150.00			
Principal Pla	ce of Business	Mailing Address	.,.				
	Street Ste 201 Prings FL 32433	P.O. BOX 1358 DEFUNIAK SPRINGS FL 32435-1358					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	4. FEI Number 59-3475299 Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of Sta	tus Desired	3.75 Addi	itional
	6. Name and Address of Current R	egistered Agent		7. Name and Addr	ess of New Registered Age	e Required ent	
	- -		Name				
RUSHING, SUE B 648 PERDUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
DEFUNIA	K SPRINGS FL 32433						
			City	City FL Zip Code			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		Truct Euro	Campaign Financing d Contribution.	\$5.00 Added	May Be to Fees
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHAN	GES TO OFFICERS AND DI	RECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSHING, SUE B 648 PERDUE DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSHING, KIRBY W 648 PERDUE DEFUNIAK SPRINGS FL 32433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete — `	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·) Change	Addition
ITLE IAME ITREET ADORESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
ITLE IAME TREET AODRESS ITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
ITLE IAME TREET ADORESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
of the cor	pertify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report a s	r signature shall have the	same lenal effect as if r	nade under oath: that I am a	an officer o	r director