"A MENDED" FOR PROFIT CORPORATION

UNIFURIN BUSINESS REPURT (UBR)						, FILED			
DOCUMENT # 222993 1. Entity Name						02 AUG 20 AH 8: 28			
Universal Building Specialties, Inc.									
DO NOT WRITE IN THIS SPACE						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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			3. Mailing Address PO Box 1722			8000072933783 -08/22/0201078014 *****61.25 *****61.25			
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			DO NOT WR	TE IN THIS SE	PACE	
City & State Auburndale, Fl.			City & State Lakeland, Fl.			4. FEI Number 59-087386:	?	Applied For Not Applicable	
33823	Cot US	intry A	33802-1722	USA		5. Certificate of Status Desired	LJ F	8.75 Additional see Required	
				Maria I		Name and Address of Curren	Registered /	Agent	
Control of the Contro					Name Thomas W. Moore Jr.				
Street Add						s (P.O. Box Number is Not Acceptable)			
IN THIS SPACE					2025 Sylvester Rd C-2				
					City Lakeland		FL	Zip Code 33803	
8. The above	e named entity subn	ixts this statement for	the purpose of changing i	ts registere	ed office or register	ed agent, or both, in the State of Fl	orida.		
SIGNATURE	Signature, typed or printer	d name of registered agent as	nd title if applicable. (NC	OTE: Registered	Agent signature required	when reinstating)	DATE		
Tax filing	oration is eligible to requirement and ele ria on back)	satisfy its Intangible ects to do so.	Lanuary (After Ma The Aftrent Malso Check Paye) Fee on IRR	15 150 00 5550 00 56 20	10. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.		OFFICERS AND D				7.15K		trak a karantara	
TITLE	PresideNT			žim į			1.07		
NAME	TAMES VA	IN BEIT III		NAM	4.24			8	
STREET ADDRESS CITY-ST-ZIP	DRESS 2521 Thornhill Kd. STAFFADDRESS							38 (1	
TITLE NAME	SECRETARY Thomas W. Moore Ir.								
STREET ADDRESS 2025 SY I VESTER Pd. C-2 CITY-ST-ZIP LAKELAND, F1. 33803				STRE	TACORESS ST ZIP			3	
THLE	Treasure	ER.		mi				10 To	
NAME STREET ADDRESS					I ADDRESS		- T		
CITY-ST-ZIP	LAKELAND	FI. 338	03	City	Charles A Laboratory	DO NOT	WRI	E	
TITLE		····		TI LE		IN THIS	SPAC	E	
STREET ADORESS CITY-ST-ZIP				151141	ZZSROON I				
TITLE		H		ÁTITLE.					
STREET ADDRESS				A Design Sec	ADDRESS				
CITY-ST-ZIP			<u> </u>	int.	ST-ZIP				
NAME STREET ADDRESS				AAA/E	LADDRESS				
CITY-ST-ZIP					TALLARESS STOP 1 Section 1				
13. Thereby 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with 30 other like empowered.									
SIGNATURE: SIGNATURE AND TYPED OF PRINTED MANE OF SIGNING OFFICER OR CIRECTOR Date Designe Proce of Date Date Designe Proce of Date Dat									
			y			t Date	veyti	merinator f	

1 8/20/02