2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE E

US

7130 COLLEGE PKWY

FT. MYERS FL 33907

3. Mailing Address

City & State

Suite, Apt. #, etc.

488931 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

7130 COLLEGE PKWY

FT. MYERS FL 33907

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STE E

US

ALOIA CONSTRUCTION, INC.



FILED Apr 16, 2003 8:00 am § Secretary of State

	04-16-2003 90198 011	***150.00
	CHECK HERE IF MAKING CH	HANGES
	4. FEI Number 59-1628221	Applied For
	39-1020221	Not Applicable
Country	5 Certificate of Status Desired	.75 Additional

. :	Country	Σφ	Codnii	5. Certifica	ate of Status Desired	Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ALOIA, ROBERT S 7130 COLLEGE PKWY SUITE E FT. MYERS FL 33907			Name Street Address (P.O. Box Number is Not Acceptable)			
			-	City		FL Zip Code

4. 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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!!	FEE IS \$150.00
After May 1, 2003	Fee will be \$550.00
Make Check Pavable to F	Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

Country

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$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 ALOIA, ROBERTS. 7130 COLLEGE PKWY, SUITE E FT. MYERS FL 33907	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS Aloia, Gladys R. 7130 College Pkway, Suite E Ft. Myers, F1 33907
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.
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
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ 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 of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

March 27, 2003 239/931-4100