FILED Feb 28, 2002 8:00 am Secretary of State

02-28-2002 90094 001 ***300.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMEN 1. Entity Name	NT # 51612	28				
_	E CONSTRUCTION C	ORP.				
Principal Place of Bu	siness	Mailing Address				
13680 NW 104 TERR. ALACHUA FL 32616 US 441		P:0_BOX 1300 ALACHUA PL-32616 US				
2. Principal Place of	Business	3. Mailing Address P. O. Box 2107				
Suite, Apt. #, et c.		Suite, Apt. #, etc.				
City & State		City & State AUACHUA				
Zip	Country ALACHUA	32616	Country ALACHUA	5. (
6. N		7. 1				
			Name			
WALLACE, DONA 9525 NW 143 S			Street Addres	Street Address (P.O. B		
ALACHUA FL 32						
	/		City			



2. Principal P	lace of Business	P. D. Box 2107			, 100,0, 0110, 11310 0110, 1131					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		Çity & State		4.	4. FEI Number FO 4740500		Ap	plied For		
			ALACHUA		59-1710502			t Applicable		
Zip	ALACHUA_	32616	Country ALACHU	A 5.	Certificate of Status Desired		75 Add Require	ditional d		
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New	Registered Agen	ıt			
								1		
WALLACE, DONALD EARL			Street	Street Address (P.O. Box Number is Not Acceptable)						
9525 NW			-							
ALACHUA	FL 32615					,				
			City	•		FL ²	Zip Cod	e		
8. The above	named entity submits this statement fo	r the purpose of changing its i	registered office of	r registered ag	gent, or both, in the State of	Florida.				
	6/80			,		2/1	_			
SIGNATURE .	1000		E. WA			2/2/0	<u>2</u>			
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signa	ture required when re	einstating)	DATE /				
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$150	.00	10. Election Campaign I	=inancing	\$5.0	O May Be		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee Make Check Payable to D					Trust Fund Contribu			I to Fees		
		Make Check Payab			 	EFICERO INICIDIO	, FOTOD			
11.	OFFICERS AND	DIRECTORS Delete	12.	T AL	DDITIONS/CHANGES TO O		Change	Addition		
TITLE NAME	DONALD, WALLACE E	LLJ Delete	NAME			4	Change	☐ Audition		
STREET ADDRESS	ADDRESS PO BOX 1300 MAILING		STREET ADDRESS	> P.O	· Box 2107	į				
CITY-ST-ZIP	ALACHUA FL 32616	-	CITY-ST-ZIP	1				j		
TITLE		☐ Delete	TITLE				Change	☐ Addition		
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				_			
TITLE		Delete	TITLE				Change	☐ Addition		
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CITY-ST-ZIP			CITY-ST-ZIP							
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		Delete	-	<u> </u>			Change	Addition		
TITLE NAME		∟ Delete	NAME			U	onange	Addition		
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
TITLE		☐ Delete	TITLE				Change	Addition		
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
UIT-SI-ZIF		•	O117-31-ZIP	1						

13. 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: