FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 05, 2002 8:00 am Secretary of State

1. Entity		# 690866 Istruction & Pl	lastering, Inc				05-16-2002	- 3 0
	DO N	OT WRITE	IN THIS S	SPACE				
2. Princip				- AOL				91575
11	2. Principal Place of Business 1100 14th Street		3. Mailing Address 1100 14th Street				•	0 1 0 1 0
Suite, A	pt. #, etc.	-	Suite, Apt. #, etc.	<u> </u>			30 NOT WOLES :	
City & S			City & State				DO NOT WRITE II	N THIS SPACE
Zip	ange City	/, Florida	Okange City	, Florid	a l	4. FEI Number 59~22680	70	Applied For
	763	Country USA	Zip 32763	Country		5. Certificate of Stat		Not Applicat \$8.75 Additional
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	IN	THIS SPA	∤CE		110	O. Box Number is Not	Acceptable) Street	
				City	_	0 1	·	
8. The above	e named entity st	ubmits this statement for th	10 purpose of changing its	registered efficient	Orang	e City		FL 32763
ł		•			o or redistered	ragent, or both, in the	State of Florida.	
SIGNATURE	Signature property of							
ļ	Signature, typed or pr	nnied name of registered agent and i		E: Registered Agent s	greature required was	in reinstating)	D	MTE
9. This corp Tax filing (See crite.	Signature, typed or pr	to satisfy its Intangible elects to do so.	January 1 - M After May Amended Make Check Payab	lay 1 Fee is \$ 1, Fee is \$550	gnature required was	10. Election Car	mpaign Financing	\$5.00 May Bo
9. This corp	oration is eligible requirement and ria on back)	to satisfy its Intangible elects to do so.	January 1 - M After May Amended Make Check Payab	lay 1 Fee is \$ 1, Fee is \$550	gnature required was	10. Election Car	mpaign Financino	\$5.00 May Bo
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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 attachment with an address, with all other like empowered.

**Report 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 11 or on an SIGNATIBE.

**Report of 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 attachment with an address, with all other like empowered.

**Report of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTI

VICE - president

14-30-02

386-775-1807