FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Feb 10, 2003 8:00 am Secretary of State F11980 DOCUMENT # 1. Entity Name 02-10-2003 90218 025 ***150.00 CORNELIO BUILDERS, INC. Principal Place of Business Mailing Address 612 W SEAGULL CIR 612 W SEAGULL CIR MICCO FL 32976 MICCO FL 32976 US 2. Principal Place of Business 3. Mailing Address 4751 N.E.OCEAN BLYD 4751 ME OF EAN BLVD Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES UNIT 4. FEI Number City & State Applied For 59-2050173 JENSEN TENSEN BEACH, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34957 MARTIN 34957 MARTIN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORNELIO, GERTRUDE B Street Address (P.O. Box Number is Not Acceptable) -612 N SEAGULL CIRCLE-MICCO FL 32976 -City Zip Code 8. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition CORNELIO, RICHARD NAME NAME 612 N SEAGULL CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MICCO FL CITY-ST-ZIP **VD** TITLE ☐ Delete TITLE ☐ Change ■ Addition CORNELIO, KENNETH NAME NAME STREET ADDRESS 39 ROSE COURT STREET ADDRESS CITY-ST-7IP **ROCKY HILL CT** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME CORNELIO, GERTRUDE B NAME 612 N SEAGULL CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MICCO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ATURBRECHURED.

Daytime Phone #