FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # F 26 748 1. Entity Name C. L. C. CONSTRUCTION, INC.

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Mar 25, 2002 8:00 am Secretary of State

03-25-2002 90044 044 ***150.00

427858

				j	
541	Place of Business 19 # WAY	3. Mailing Address 7411 NW 7	9 th WAY		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	DO NOT WRITE IN THIS SPACE	
PARKLAND, FL. PARKLAN			D.FL.	4. FEI Number 59 - 207 3543 Applied For Not Applicable	
3300	67 Country 67	33067 C	Country U-S.A	5. Certificate of Status Desired	
			<u> </u>	7. Name and Address of Current Registered Agent	
			Name		
	DO NOT WE	RITE	Street Address	s (P.O. Box Number is Not Acceptable)	
<u>, 241 - Aria Aria, Aria</u>	IN THIS SPA	VÇE			
		10 L	5411 N	W 79th NAY	
			PARKE	7	
9 The decision	d and the second of the second			tered agent, or both, in the State of Florida.	
o. The above	Hamed entity submits this statement for the	ie purpose or changing its regi-	stered office of regist	leved agent, or both, in the state of horida.	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Regi	istered Agent signature requir	red when reinstating) DATE	
Tax filing requirement and elects to do so. After May 1, Amended L			Fee is \$150.00 ee is \$550.00 3R is \$61.25 o Department of Si	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND DI		o population of o		
TITLE			TITLE		
NAME	PSD CRAIG CURTIS L 5411 NW 19th WAY		NAME		
STREET ADDRESS	5411 NW 79 th WAY		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL. 33	3067	CITY-ST-ZIP		
TITLE	ナ . ア・		TITLE		
NAME	CRAIG RUTH WA	V	NAME .		
STREET ADDRESS	5411 NW 79 KB NV#	,	STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL.	3306 /	CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		The state of the s	TITLE	IN THIS SPACE	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP			13114-S1-702 E		

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 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 attachment with an address, with all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Puth Grang PUTH CRAIG T.D. 3-10-02 954-752-40 A