FORM BUSINESS REPORT (UBR)

2 <u>3</u>	UNIFORM BUSI MENT # F8172)	FILED Jul 09, 2002 8:00 am Secretary of State				
Name					07-09-2002 9037		
	4	_	Inc.	(0)			
Construction, the lipal Place of Business Mailing Address 26825 OUR COURT CONSTRUCTION, the lipad Place of Business 26825 OUR COURT BONITA SPRINGS FL 34135 US US							
2. Principal Pla	ace of Business	3. Mailing Address				i Diği: Biği: Elgii ala	it Binti (ani
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4 . F	4. FEI Number 59-2375807 Applied For Not Applicable		
Zip	Country	Zip	Country	5. C	Certificate of Status Desired	\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WOLFE, CURTIS L 26825 OUR COURT BONITA SPRINGS FL 34135 City Support 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, signature, typed or printed name of registered agent and title it opplicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. SIGNATURE FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Street Address (P.O. Box Number is Not Acceptable) City Support is Not Acceptable) FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees							
(See criteria on back)		Make Check Payable	neck Payable to Department of St				
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFE, CURTIS JR 26825 OUR CT BONITA SPRINGS FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AU	DENOISO CHANGES TO OFFICERS A	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLFE, SHEILA 26825 OUR COURT BONITA SPRINGS FL 34135	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE AME NAME STREET ADDRESS CITY-ST-ZIP	WOFLE, CHERIE 26825 OUR COURT BONITA SPRINGS FL 34135	··· - Deletė	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wolf	Pelherie	Change	☐ Addition
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TITI F		☐ Delete	TITLE			☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP