

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90454 032 ***158.75

0098422 FP

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1. Entity Name
GENERAL CONTRACTING (USA) CO. LIMITED

Principal Place of Business
**5520 GLADES CUTOFF RD
FT PIERCE FL 34981
US**

Mailing Address
**5520 GLADES CUTOFF RD
FT PIERCE FL 34981
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3476586**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMPSEY, W G ESQ
505 S.FLAGLER DR., #1330
WEST PALM BEACH FL 33401**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	UPRIGHT, CLIFFORD I	
STREET ADDRESS	NEW HOUSE ATCH LENCH NEAR EVESHAM	
CITY-ST-ZIP	WORCESTERSHIRE UNITED KINGDO	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, JAMES	
STREET ADDRESS	5520 GLADES CUTOFF RD.	
CITY-ST-ZIP	FT PIERCE FL 34981	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, PATRICIA L	
STREET ADDRESS	STATION RD WARWICK HOUSE	
CITY-ST-ZIP	KENILWORTH WARWICKSHIRE UK	
TITLE	D	<input type="checkbox"/> Delete
NAME	UPRIGHT, CLIFFORD	
STREET ADDRESS	STATION RD WARWICK HOUSE	
CITY-ST-ZIP	KENILWORTH WARWICKSHIRE UK	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENDERSON, JAMES	
STREET ADDRESS	6827 N. ORANGE BLOSSOM TRAIL, #2	
CITY-ST-ZIP	ORLANDO FL 32880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **SIGNATURE REQUIRED** **4/22/03** **407/367-3208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)