## 2003 FOR PROFIT CORPORATION

## Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** G61040 DOCUMENT # 1. Entity Name 04-23-2003 90073 031 \*\*\*150.00 CUNDIFF CONSTRUCTION AND DRAFTING, INC. Principal Place of Business Mailing Address 21 S CLYDE AVE 21 S CLYDE AVE 11007670 STE 2B STE 2B KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address 0-0-80x 420427 P.O.BOX 420427 Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2329828 KISSIMME KISSIMMETE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUNDIFF, PAULA R. Street Address (P.O. Box Number is Not Acceptable) 2306 SONORA CT 4-GLENDALO KISSIMMEE FL 34746 :1551mm66 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 70 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. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete Change ☐ Addition TITLE CUNDERFEDURNO N. NAME GUNDIFF, EDWARD N NAME STREET ADDRESS 2306 SONDRA CT STREET ADDRESS 14-GUENDALE DR. CITY-ST-ZIP KISSIMMEE FL 34746 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CUNDIFF, EDDIE M. NAME STREET ADDRESS STREET ADDRESS 226 PINE AVE. CITY-ST-7IP CITY-ST-ZIP Longwood Fl Change TITLE ☐ Delete TITLE ☐ Addition CUNDIFF, PAULA R. 14-GLENDALE DR. NAME CUNDIFF, PAULA R. NAME STREET ADDRESS 2306 SONDRA CT STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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:

IREDWAND N. CONDIFF 4/21/03 (407) 343-7969
ICER OR DIRECTOR

FILED