2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92571

1. Entity Name

SIGNATURE:

CONSTRUCTION JUNCTION, INCORPORATED

FILED Mar 01, 2001 8:00 am Secretary of State 03-01-2001 90027 042 ***158.75

12/19/01 352-543-0329

LD TOWN FL 32680 OLD TOWN FL 32680	Principal Place of Business IC4 BOX 963 ILD TOWN FL 32680 S		Mailing Address							
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The Applicable The	Suite, Apt. #	, etc.	Suite, Apt. #, etc.	·			DO NOT WRITE IN	THIS SP.	ACE	
S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name and	City & State		City & State		4. FE	l Number	59-2391600			
DEVORE, GENE S. 2161 PALM BEACH LAKES BLVD. SUITE 301 WEST PALM BEACH FL 33409 B. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. SIGNATURE 9. This corporation is eligible to existing its Interngation and elects to do so. 25 International State of Plorida in Plant MAY 1, 2001 Fee will be \$550.00 After MAY	Zip	Country	Zip	Country	5. Ce	ertificate of	Status Desired	∕ \$	3.75 Add e Required	itional
DEVORE, GENE S. 2161 PALM BEACH LAKES BLVD. SUITE 301 WEST PALM BEACH FL 33409 City		6. Name and Address of Current F	Registered Agent	Neger	7. Na	me and A	ddress of New Regis	tered Ag	ent	
21st PAIM BEACH LAKES BLVD. SUITE 301 WEST PAIM BEACH FL 33409 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible and the Fage cabe. NOTE Regisses Aper a proser required when nemberory 5. This corporation is eligible to satisfy its Intangible and the File (NOV)!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP MACLEOD, KIM MACLEOD, KIM MACLEOD, DONALD SHEET ADDRESS DP MACLEOD, DONALD SHEET ADDRESS DP MACLEOD, MICHELLE PO BOX 807 OLD TOWN FL 32680 D Bods D Bods TITLE D Bods TITLE MAKE SHEET ADDRESS DITY-ST-2P OLD TOWN FL 32680 D Bods TITLE D BOX 807 OUT-ST-2P OLD TOWN FL 32680 D TITLE D Bods TOTAL TOTALS TOTAL T	DEVO	NDE CENE C		Name						
City	2161	PALM BEACH LAKES BLVD.		Street Addre	ss (P.O. Bo	x Number i	s Not Acceptable)			
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19. Thereby parties that the information available with this filling door not qualify for the examples stated in Continue 1.10.07/97/0. Florida Ctabulan Uturther parties information.		partification information accepts a second	h this filing does set avent		Lin Costice	110.07/21/3	\ Elorida Statutas 14	rthor ac-t	ifu that the	information
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.	indicated of the co	d on this report or supplemental report rporation or the receiver or trustee emp	is true and accurate and tha powered to execute this repo	t my signature shall have ort as required by Chapte	e the same	legal effect	: as if made under oat	h; that La	ım an office	er or director