Here Construction in Construction, in C	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)DOCUMENT #H582371. Entity Name						FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90270 020 ***150.00		
							04-25-2005 90270 020 *** 130.00		
Hindpain Pace of submess     I. Maring Address     Suffer, Adt. #, efc.     Suffer, Add. #,	8 THORNWO	OD DR.	P O BOX 17589 TAMPA FL 33682-7589			-			
City & State       City & State       4. FEI Number       59-2536520         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.         . Name and Address of Current Registered Agent       . Name and Address of New Registered Agent       . Name and Address of New Registered Agent       . Name and Address of New Registered Agent         MCNELL, ROBERT C.       3738 THORNWOOD DR.       . Street Address (PO, Box Number is Not Acceptable)         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. Lam familities of orgationed agent act itself approximation of registered agent, or both, in the State of Florida. Lam familities of or registered agent, or both, in the State of Florida. Lam familities of produce excinet when encating?       Date         // File NOW!!!       FEE IS 5150.00       . Name       . ADDITIONS/CHANGES TO OFFICERS AND DIF         . Registered Agent Agent Synapsis       OFFICERS AND DIFECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIF         . Registered Agent Agent Synapsis       OFFICERS AND DIFECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIF         . Registered Agent Agent Synapsis       OFFICERS AND DIFECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIF         . Register Address	Principal Pla	ice of Business	3. Mailing Address	· · •					
Zip     Country     Zip     Country     S. Certificate of Status Desired     See See See See See See See See See See	Suite, Apt. #	, etc.	Suite, Apt. #, etc.						
Zip       Country       Zip       Country       6. Certificate of Status Desired       \$8. Fee         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         MCNELL, ROBERT C. 3738 THORNWOOD DR. TAMPA FL 33518       Street Address (P.O. Box Number is Not Acceptable)         City       FL         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 famility the obligations of registered agent and likel registered.       (NOTE Registered Agent signatus regulate when remaining)       DATE         Ignature types of provide agent and likel registered.       (NOTE Registered Agent signatus regulate steer remaining)       DATE         Ignature types of provide agent and likel registered.       (NOTE Registered Agent signatus regulate them remaining)       DATE         Ignature types of provide agent and likel registered.       (NOTE Registered Agent signatus regulate them remaining)       DATE         Ignature types of provide agent.       (NOTE Registered Agent signatus regulate them remaining)       DATE         Ignature types of provide agent and likel registered.       (NOTE Registered Agent signatus regulate them remaining)       DATE         Ignature types of provide agent and likel registered.       (NOTE Registered Agent signatus regulate them remaining)       DATE         Ignature types of provi	City & State		City & State						
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MCNEILL, ROBERT C. 3738 THORNWOOD DR. TAMPA FL 33618  City FL City F		6. Name and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent	-	
3738 THORNWOOD DR.       Street Address (KO, Box Number is Not Acceptable)         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. Lam familithe obligations of registered agent.         GNATURE <sup>1</sup>		OBERT C		<u></u>	Name				
City       FL         City       FL         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familit the obligations of registered agent.         SINATURE <sup>1</sup> Signature, typed or prefidence or agent and tile if applicable.       (NOTE: Registered Agent signature secured when emistating)       DATE         Image: Signature of prefidence of prefidence agent and tile if applicable.       (NOTE: Registered Agent signature secured when emistating)       DATE         Image: Signature of prefidence of prefidence agent and tile if applicable.       (NOTE: Registered Agent signature secured when emistating)       DATE         Image: Signature of prefidence agent and tile if applicable.       (NOTE: Registered Agent signature secured when emistating)       DATE         Image: Signature of prefidence agent and tile if applicable.       (NOTE: Registered Agent signature secured when emistating)       DATE         Image: Signature of prefidence agent and tile if applicable.       (NOTE: Registered Agent signature secured when emistating)       DATE         Image: Signature of prefidence agent and tile if applicable.       (NOTE: Registered Agent signature secured when emistating)       DATE         Image: Signature of Florida Department of State       Image: Signature of Florida Department of State       Image: Signature of Floreicable of Florida Department of State       Image: Sign	=				Street Add	Iress (P.	O. Box Number is Not Acceptable)		
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 familithe obligations of registered agent.         GNATURE <sup>1</sup> Signature, typed or prived name of registered agent and life if applicable.       (NOTE: Registered Agent signature required when remataing)       DATE         If FILE NOWILL FEE IS \$150.00 ake Check Payable to Florida Department of State       International contribution.       International contribution.       International contribution.         Normality Submits The State of Florida Department of State       International contribution.       International contribution.       International contribution.         Normality Submits The State of Florida Department of State       International contribution.       International contribution.       International contribution.         Normality Submits The State of Point and the if applicable.       OFFICERS AND DIRECTORS       International contribution.       International contribution.         Normality Submits The State of Point and the if applicable.       International contribution.       International contribution.       International contribution.         Normality Submits The State of Point and the if applicable.       International contribution.       International contribution.       International contribution.         Normality State Topics       International contribution.       International contribution.       International contribution.         Normality State	AMPA FL (	33618							
the obligations of registered agent.  GNATURE  Signature typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$55.00  ake Check Payable to Florida Department of State  .  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES  11.  ADDITIONS/CHANGES  12.  ADDITIONS/CHANGES  13.  ADDITIONS/CHANGES  14.  ADDITIONS/CHANGES  15.  ADDITIONS/C					City		FL Zip Code		
Signature typed or printed name of registered agent and till if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         Image: Provide a contribution of the printed name of registered agent and till if applicable.       Image: Provide access of the printed name of the printed nam			the purpose of changing its	s register	ed office or re	egistereo	d agent, or both, in the State of Florida. I am familiar with, and accep	ł	
Signature. typed or printed name of registered agent and till if applicable.       (NOTE: Registered Agent signature required when rematating)       DATE         If FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Iakke Check Payable to Florida Department of State       Image: State									
After May 1, 2003 Fee will be \$550.00       9. Election Campaign Financing Trust Fund Contribution.         164ke Check Payable to Florida Department of State       11.       ADDITIONS/CHANGES TO OFFICERS AND DIF         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIF         11.       ADDITIONS/CHANGES TO OFFICERS AND DIF       Image: Comparison of the comparison of	្ទ		nd title if applicable. (NOT	TE: Registere	d Agent signature	required wi	hen reinstating) DATE	_	
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Y-ST-ZIP L 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 the 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 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 Blo changed, or on an attachment with an address, with all other like empowered.	I hereby cer indicated or of the corpo	n this report or supplemental report is t pration or the receiver or trustee empoy	rue and accurate and that i vered to execute this report	or the exer my signat t as requir	mption stated	e the sai	me legal effect as if made under oath; that I am an officer or director		