2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J50036 DOCUMENT #

CAREY, MICHAEL R

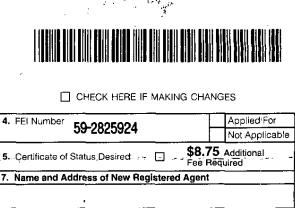
SIGNATURE

FLORIDA ENGINEERED CONSTRUCTION PRODUCTS CORPO

TIÓN Principal Place of Business Mailing Address P.O. BOX 24567 P.O. BOX 24567 TAMPA FL 33623-4567 TAMPA FL 33623-4567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country

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

04-28-2003 91508 002 ***150.00



DATE

712 SOUTH OREGON AVENUE **TAMPA FL 33606**

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

<u>.</u>			
Street Address (P.O. Box Number	r 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.

(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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUGHES, RALPH NAME NAME **6324 COUNTY ROAD 579** STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE DP ☐ Delete TITLE ☐ Change Addition NAME STANTON, JOHN NAME **6324 COUNTY ROAD 579** STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME MONTINI, MARK NAME STREET ADDRESS **6324 COUNTY ROAD 579** STREET ADDRESS CITY-ST-ZIP . TAMPA FL CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition KARDASH, WILLIAM J. NAME NAME 6324 COUNTY ROAD 579 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

ASSIGN RECOMMENDS AN TO

9/54/3 8/3-62/-469/ Date Daytime Phone #