2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State **DOCUMENT #** J53934 1. Entity Name A.T. & F. CONSTRUCTION, INC. 05-27-2002 90264 050 ***150.00 Principal Place of Business Mailing Address* 9500 SHORT LEAF CT. 9500 SHORT LEAF CT. APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2776940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRAUTSCH, ALAN J. Street Address (P.O. Box Number is Not Acceptable) 4750 MALIC CRES APOPKA FL 32810 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00-Trust Fund Contribution. ~ 🖂 Added to Fees -(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME TRAUTSCH, ALFRED NAME STREET ADDRESS 9500 SHORT LEAF CT. STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME TRAUTSCH, ALAN, J NAME STREET ADDRESS 4570 MALIK CRESENT STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME TRAUTSCH, MATTHEW NAME STREET ADDRESS 9500 SHORLEAF CT STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TRAUTSCH, PATRICIA NAME STREET ADDRESS 9500 SHORTLEAF CT STREET ADDRESS CITY-ST-7IP APOPKA FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TRARTSCH, PAMELA NAME STREET ADDRESS 4570 MALIK CRESENT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (9/01)

FILED