FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # K58820 1. Entity Name					05-21-2002 90883 041 ***150.00			
VANDE	RBILT BAY CONSTRUCT	ION, INC.		\vee				
	DO NOT WRITI	IN THIS	SPAC	E				
2. Principal F	Place of Business J & C BLVD.	3. Mailing Address 2340 J & C BLVD.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA		4. FEI Number 65-0103359		Applied For Not Applicable		
Zip 34109	Country US	Zip 34109	Cour	itry	5. Certificate of Status Desired		75 Additional Required	
and some and a	وق د د د د کار پاکستان داری	See			7. Name and Address of Current		· ·	
					BUHS, DANIEL J.			
DO NOT WRITE					EWINDS AVENUE Acceptable	9)		
IN THIS SPACE				220 TRADEWINDS AVENUE				
				NÄPLES FL 34,908			3498	
8. The above	named entity submits this statement f	or the purpose of chang	ing its register	ed office or register	ed agent, or both, in the State of Flo	orida.		
SIGNATURE	Signature. typed or printed name of registered agen	and title if applicable.	ANI For	J. BUH d Agent signature required	when renetating)	4/29/e	07	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 May 1 After May 1, Fee Amended UBF Make Check Payable to				e is \$150.00 s \$550.00 s \$61.25	10. Election Campaign Fir	ancing	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		1	- nerve				
TITLE NAME STREET ADDRESS	BUHS, DANIEL J. 228 TRADEWINDS AVENUE NAPLES, FLORIDA 34108		TITLE NAME STREE		. 600	******	CR2E034B (12/01)	
CITY+ST-ZIP TITLE			ST-ZIP			B34E		
NAME	BUHS, KAREN			į.			2 <u>R2</u>	
STREET ADDRESS CITY-ST-ZIP	228 TRADEWINDS AVENUE		STREE	AODRESS T-ZIP				
TITLE "						*		
NAME STREET ADDRESS			NAME.	يروهون مرازي داران والمنت المالي المنته المالية والمنتقور والمنتقور المنتقد المالية		A section of the sect		
CITY+ST-ZIP				ST-ZIP DO NOT WRITE				
TITLE NAME			TITLE		IN THIS S	SPACE		
STREET ADDRESS			NAME STREE	T ADDRESS			′	
CITY-ST-ZIP			CITY-	ST - ZIP				
TITLE	···		HITE			<u>,,,, :</u>		
NAME STREET ADDRESS			NAME	ADDOCCC			,	
CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP				
TITLE			TITLE		- 1444 ·			
NAME			NAME		•			
STREET ADDRESS CITY-ST-ZIP				ADDRESS			. 4	
	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp t with an address, with all other like em	this filing does not quali true and accurate and t	ify for the exemination		tion 119.07(3)(i). Florida Statutes. I	further certify tha	t the information	
attachmen	t with an address, with all other like em	7 - 1/		red by Chapter 607	7. Florida Statutes; and that my nan	ne appears in Bl	ock 11 or on an	