2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

K91933 DOCUMENT

1. Entity Name

US

Principal Place of Business

6627 FOREST HILL BLVD

W PALM BEACH FL 33413

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business

ROBERT MCADAM CONSTRUCTION, INC.

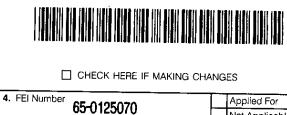
Country



FILED Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90165 012 ***158.75

NC.	
Mailing Address 6627 FOREST HILL BLVD W PALM BEACH FL 33413 US	
. Mailing Address	
Suite, Apt. #, etc.	



	5. Certificate of Status Desired Fee Required			
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent			
CADAM, ROBERT	Name			
27 FOREST HILL BLVD	Street Address (P.O. Box Number is Not Acceptable)			
/ PALM BEACH FL 33413				
ne above named entity submits this statement for the purpose of changing its eobligations of registered agent.	City Zip Code			

Country

(NOTE: Registered Agent signature required when reinstating)

5	Signature, typed or printed name of registered agent and title if ap	plicable
	FILE NOW!!! FEE IS \$150.00	Τ
.	After May 1, 2003 Fee will be \$550.00	1
Make	Check Payable to Florida Department of State	

9. Election Campaign Financing Trust Fund Contribution

DATE

\$5.00 May Be

Not Applicable

				Auc	ed to rees
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MCADAM, ROBERT 136 VALENCIA ST ROYAL PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete'-	NAME STREET ADDRESS CITY-SI-ZIP	Change	. Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

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 suppliemental 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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: