2002 UNIFORM BUSINESS REPORT (UBR)				FILED
DOCUMENT # P0000000217 1. Entity Name				Jan 09, 2002 8:00 am Secretary of State
WASDIN CONSTRUCTION, INC. 3 01-09-2002 90004 006 ***150.				
Principal Place of Business Mailing Address 2510 HALPERN'S WAY 2510 HALPERNS WAY MIDDLEBURG FL 32068 US		· ·		
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.			1001111	DO NOT WRITE IN THIS SPACE
City & Stat	atelous Ft	City & State	, FL	4. FEI Number 59-3616206 Applied For Not Applicable
326	65 Sountry	32068	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
WASDIN, MATT 2510 HALPERNS WAY		Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIDDLE	BURG FL 32068			
			City M	iddleburg FL 25068
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) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Till NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State				
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D Wasdin, Matt 2510 Halperns Way Middleburg Fl 32068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vica fresident Change Maddition Rose Wasdin Stock Middleburg FC 32068 Middlebu
TITLE	Vice - President	~ □ Delete	TITLE	Michaelang FC 32008 H
NAME STREET ADDRESS	2510 Halpern	-trax	NAME STREET ADDRESS	
CITY-ST-ZIP TITLE	Middleburg , F	<u>C 33065</u> □ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.				