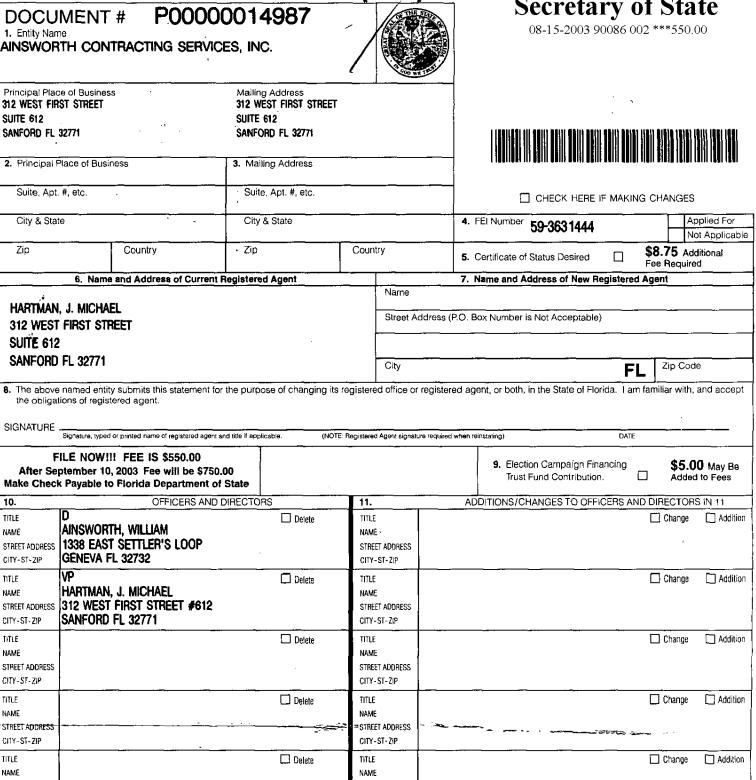
UNIFORM BUSINESS REPORT (UBR P00000014987 **DOCUMENT #** 1. Entity Name AINSWORTH CONTRACTING SERVICES, INC. Principal Place of Business Mailing Address



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 wi n address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-71P

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daytime Phone #

☐ Addition