UNIFORM BUSINESS REPORT (UBR)

FOR PROFIT CORPORATION DOCUMENT # ρημημητίσης

FILED May 31, 2002 8:00 am Secretary of State

Phelps Remodeling And Electrical, Inc					05-31-2002 90001 035 ***150.00		
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	e endre kon vers en en gebruik. Konstant konstant en		•	-			
	DO NOT WRITE	IN THIS SI	PACE		,		
2. Principal F	Place of Business	3. Mailing Address					
16201 Magnolia Creek In 16201 Mag			Lane Polia Cree				
Suite, Apr.	-#, etc.	Suite, Apt. #. etc.			DO NOT WRITE	IN THIS SPACE	
City & State Mont verde FI		City & State			El Number		Applied For
Zip Country		Montverde,			A0 ==		Not Applicable
3475	6 USA	34756	USA		Fee Required		
7. Name and Address of Current Registered Agent Name							
Street Address (P					Phelps, JR. 2.O. Box Number is Not Acceptable)		
IN THIS SPACE 16201 M					olia Creek La	ne	
			City			—- I 7:-	C-4-
8. The above named entity submits this statement for the purpose of changing its registered office or registered.						FL 34	Code 756
		are perpose or crianging its	registered office of re	egistered age	nt, or both, in the State of Florid	а.	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	rectained when toin	rentinal.		
9. This corpo	ration is eligible to satisfy its Intangible	January 1 - M.	ay 1 Fee is \$150.0			DATE	·
Tax filing n (See criteri	equirement and elects to do so.	After May Amended Make Check Payab	I, Fee is \$550.00 UBR is \$61.25		 Election Campaign Finance Trust Fund Contribution. 		5.00 May Be
11.	OFFICERS AND D	DIRECTORS	e to papartinent o	n State			
name	David L. Phelps,	Jr - PRES.	TITLE				
STREET ADDRESS	16201 Magnolia C Montverde, FL 3	r.Ln. 4756	NAME STREET ADDRESS				
CITY-ST-ZIP		4730	CITY-51-ZIP				
NAME			TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS				
TITLE	·		CITY-ST-ZIP TITLE				
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		DO NOT W	/RITE	
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NAME STREET ADDRESS			NAME		IN THIS SI	'ACE	
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TTLE VAME		····	TITLE				
TREET ADDRESS			NAME STREET ADDRESS				
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TREET ADDRESS		•	NAME STREET AGBRESS				
ITY-ST-ZIP			CITY-\$1-ZIP				

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR