FOR PROFIT CORPORATION~ **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90992 012 ***150.00

· 4 Entity Name		•			1	03-01-200	<i>)</i>	12	130.00
AL	L SPORTS Const	truction, I	hc						
	Sea Spray Ave Suite, Apt. #. etc. Suite, Apt. #. etc. Seach Florica Deliray Bch Florida Ave Deliray Bch Florida Ave Deliray Bch Florida Ave Street Addition to a set of the suite and the street Ave Deliray Street Addition to a set of the street Ave Deliray Street Addition to a set of the street Ave Deliray Street Ave Deliray Bch Florida Ave Deliray Bch Florida Ave Deliray Bch Florida Ave Deliray Bch Florida Ave Street Ave St			E	55043927				
1309 Sea Spray Ave 1309 Seas				y Ave	DO NOT WRITE IN THIS SPACE				
City & State Delray Zip		Delray Bch		ntru:				N	ot Applicable
Zip 334	STATE OF THE PERSON WAS			Name =	7. Name and Addre	sa of Current	Fee	Require	10
				Street Address (P.O. Box Number is Not Acceptable)					
A. The showed	france entity submits this statement for	the ourpose of changing its n	THIS SPACE STORY SEASOFT AND AND A FLORE ADDITIONS OF THE INTERIORS OF THE ADDRESS OF THE ADDRE						
SIGNATURE _	ml ·			<u> </u>			103	:	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, Amended 1				ne is \$150.00 s \$550.00 s \$61.25	10. Election Trust Ful		ancing		
11. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSTD Lee E Redd 1309 SeasprayA	ve	NAM STRE	E ET ADDRESS			· · · · · · · · · · · · · · · · · · ·	•	134R (12/01)
STREET ADDRESS	Marylon Redo 1309 Seaspray Aus		NAM STRE	E Et address,				÷ , •••••	CRZEC
TITLE NAME STREET ADDRESS FITY-ST-ZIP				E Et adoress	DO	NOT	WRIT	E	
NAME STREET ADDRESS CITY-ST-ZIP			nami Stre	ET ADORESS	IN T	HIS S	SPACE	.	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STRE	ET ADDRESS			*		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE	ET ADDRESS					
13. I hereby cer indicated or of the corpo attachment	tify that the information supplied with It this report or supplemental report is to vation or the receiver our usee emporation or the receiver our usee emporation and address, with all time like emp	his filling does not quality for true and accurate and that my wered to execute this report a lowered.	ne exer signati as requ	nption stated in Sec ure shall have the s ired by Chapter 60	ction 119.07(3)(i), Flor ame legal effect as if i7, Florida Statutes; an	ida Statutes. I f made under oa id that my nam	further certify thath; that I am a ne appears in I	hat the in n officer Block 11	formation or director or on an