FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2002 8:00 am Secretary of State

DOOLINENT# 0 7-70/					j Secretary or State		
DOCUMENT# P0000032784 1. Entity Name VITA to AND LESLIE CONSTRUCTION COMPTY					03-13-2002 90107 039 ***150.00		
1. Entity Name							
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]		ORD BREEF OR V		. 1			
2. Principal Place of Business 1277 Whiteld Ave 1277 Whiteld Av				.			
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Suite, Api.	₹, etc.	Suite, Apt. #, etc.			DO 1401 WILLIAM 1011 DO	J.L	
City & State City & State			·	4.	4. FEI Number Applied For		
		ARASOTA TL			65-1003460	Not Applicable	
7in	Country	7ip	Country		_ ¢a	75 Additional	
342 U	スールイ	342-4 3	US	5.		Required	
<u> </u>		The second secon		7. Na	ame and Address of Current Registered Ag	ent	
	•		Name	,			
	DO NOT WR	אַן זרו פּ			(P.O. Box Number is Not Acceptable)		
			12 7	ラ <i>1</i> .1	Whitfield Aue		
in this space							
·			City	P13.	STA FL	289243	
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.							
o. tile above	named entity sporits this statement to d	ne purpose of chariging its re	egistered diffice of reg	iarei eci aé	gent, or both, in the state of Florida.		
1 20 00							
SIGNATURE Signature, typed or formled name of registered agent and title it/applicable (two TE: Registered Agent signature required when renstating) DATE							
					T		
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00					10. Election Campaign Financing	\$5.00 May Be	
Tax nung requirement and elects to do so. Amended L			UBR is \$61.25	_	Trust Fund Contribution.	Added to Fees	
		Make Check Payable	to Department of	State	<u> </u>		
11.	OFFICERS AND DI						
TITLE	PRESIDENT, 5	6-11.5	TITLE			18	
NAME	Bentrice S. L.	CALIC	NAME STREET ADORESS		-	[5	
STREET ADDRESS CITY-ST-ZIP	17377 67117718	LD "	CITY-ST-ZIP		,	. <u>8</u>	
	SARASOTA 7L		 			CR2E034B (12/01)	
TITLE	VICE PRESIDEN	T Vitato	TITLE			15%	
NAME	GLENN DOUGLAS	A 11)	NAME STREET ADDRESS			٦	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		•	·	
-	BRADENTON, 7	L 34205					
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	Ecrify that the information supplied with the	nis filing does not qualify for t	M	n Section	119,07(3)(i), Florida Statutes, I further certify t	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							
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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.							
The state of the s							
SIGNATURE: STORATURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DESCRIPCIOR 2/2/0/02 94/-3 - Date Daytume Prione #							
1	SIGNATURE AND TYPED OR PRE	NTED NAME DISSIGNING OFFICER O	R DIRECTOR		/ Date Daytim	ie Phone #	