FILED May 13, 2002 8:00 am § Secretary of State

05-13-2002 90085 036 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P00000055043 DOCUMENT # 1. Entity Name LEE MARTINEZ CONSTRUCTION, INC. Principal Place of Business

2007 2ND AVE E BRADENTON FL 34208			2007 2ND AVE E BRADENTON FL 34208		 		
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State			City & State		4. FEI Number 65-1039536 Applied For Not Applied For		
Zip		Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required		
	6. Name	and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent		
				Name			
PREWETT, DANIEL L				Ch+ A-I-I-	Characteristic (B.O.D. All		
5777 BENEVA ROAD SOUTH				Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SARASO	TA FL 34230	3					
				City	Zip Code		
8. The above	e named entit	enhaite this statement for the	on ourness of about 15 a 16 a				
/// 455	o namos onec	CODITION OF STATE PROPERTY OF U	ie purpose or changing its r	egistered office or regis	stered agent, or both, in the State of Florida.		
CICNATURE	-						
SIGNATURE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE		
0 This					DATE		
9. This corp	oration is eligi i requirement a	ble to satisfy its Intangible	FILE NOW!!!	! FEE IS \$150.00	10. Election Campaign Financing \$5.00 May Bo		
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		Total Indian De		
11.		OFFICERS AND DIE	1				
TITLE	PTS	OFFICERS AND DIF		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	MARTINEZ	LIBODIO	☐ Delete	TITLE	☐ Change ☐ Addition		
STREET ADDRESS	1409 3RD	AVENUE EAST		NAME STREET ADDRESS			
CITY-ST-ZIP		ON FL 34208	,	CITY-ST-ZIP			
TITLE	D						
NAME	NORIEGA,	MIGHEL A	Delete	TITLE	☐ Change ☐ Addition		
STREET ADDRESS	1409 380	AVENUE EAST		NAME CIRCLE ADDRESS			
CITY-ST-ZIP		ON FL 34208		STREET ADDRESS CITY-ST-ZIP			
TITLE	D		□ Delete		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME		O, CARLOS	□ Delete	TITLE	☐ Change ☐ Addition		
STREET ADDRESS		AVENUE EAST		NAME STREET ADDRESS>			
CITY-ST-ZIP		N FL 34208	,	CITY-ST-ZIP			
TITLE							
NAME			☐ Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS	1		٠	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE					at-		
NAME			Ll Delete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP							
				GHY-SI-7(P 1			
TITLE	-		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition		

I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR **SIGNATURE**2

STREET ADDRESS

CITY-ST-ZIP

(941) 809-1458