## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 19, 2002 8:00 am Secretary of State 05-08-2002 90122 045 \*\*\*150.00

36092

DOCUMENT # P00000068103

WELL DONE CONSTRUCTION, INC.

SIGNATURE Segment hypera or present name of regiment forces and regiment forces are presented. Part signature required when rematating)  9. This corporation is eligible to satisfy its Intangible Tax Mingr sequirement and elects to do so.	DO NOT WRITE IN THIS SPACE				36092	30092		
Sure, Apt #. etc.  City & State  Orlando, PI Sure applies to Country  DO NOT WRITE  IN THIS SPACE  DO NOT WRITE  IN THIS SPACE  Sure above named entity of the state of the sure applies to the state of Food to	<ul> <li>Principal F</li> </ul>	Place of Rusiness	3 Mailing Address		• 1. 1			
Suite, April, etc.    Suite, April, etc.   Suite, April, etc.	,		_		}			
City & State Orlando, FI. Orlan	Suite, Apt.	-W. Grant Street.	Suite. Apt. #, etc	rant Street				
Orlando, FI. County 20 County 20 County 20 County 32825 Orange 32825 Orange 32825 Orange 32825 Orange 32825 Orange 7. Name and Address of Gurrent Registered Agent Fee Required County September 1. Name and Address of Gurrent Registered Agent GEORGE SOLIMON Street Address (P.C. Don Number is Not Acceptable)  IN THIS SPACE    Name 2			Co		DO NOT WHITE IN THIS SPACE			
Orlando, FI. Country 2p	City & Stat	te	City & State		4. FEI Number Applied For	$\neg$		
Agriculture of Status Desired Desired Status Desire	_Orlar		1 '	<b></b>	1,45,000	4		
32825 Orange 32825 Orange 7. Name and Address of Current Registered Agent  DO NOT WRITE  IN THIS SPACE    Name   N	Zip	Country			£0.75	4		
DO NOT WRITE IN THIS SPACE  IN THIS SPACE  OCTOPORTS  CITY OF PROPERTY OF THE STATE	32825	5Orange	32825		5. Certificate of Status Desired LJ Fee Required			
DO NOT WRITE  IN THIS SPACE    City Orlando   FL   Zip Code	_	<del>-</del>			7. Name and Address of Current Registered Agent	$\dashv$		
IN THIS SPACE  IN THIS SPACE  City Orlando  FL Zio Code 3 2825  8. The above named entity depails this statement for the Autoose of changing its registered agent, or both, in the State of Florida  SIGNATURE Superant hyperia content are registered. September in the State of Florida  9. This corporation is eligible to satisfy its Intangible Task fling requirement and elects to do so.  (See orderio on back)  OFFICERS AND DIRECTORS  IN STATE ADDRESS  OFFICERS AND DIRECTORS  IN STATE ADDRESS  OFFICERS AND DIRECTORS  IN STATE ADDRESS  OFFICERS AND ARE  SIREM ADDRESS  OFFI-12-P  OFFICERS AND ARE  STREM ADDRESS  OFFI-12-P  OFFICERS AND ARE  STREM ADDRESS  OFFI-12-P  OFFI ADDRESS  OFFI-12-P  IN THIS SPACE  IN THE  NAME  SIREM ADDRESS  OFFI-12-P  OFFI-12-P  IN THIS SPACE  IN THIS SPACE  IN THIS SPACE  IN THE  NAME  SIREM ADDRESS  OFFI-12-P  OFFI-12-P  OFFI-12-P  IN THIS SPACE  IN THIS SPACE  IN THIS SPACE  IN THE  NAME  SIREM ADDRESS  OFFI-12-P  OFFI-12-P  OFFI-12-P  OFFI-12-P  IN THIS SPACE		WAT W	<u>-</u>		a .°	7		
IN THIS SPACE    City Orlando   FL   Zip Code 32825		DO NOT W	/RITE	Street Addr	drace (P.O. Box Mumbar is Not Acceptable)	4		
8. The above named entity offshirts this statement for the Purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  SIGNATURE Supports in the or prevent area of registering state of fice or registered agent, or both, in the State of Fiorida.  SIGNATURE Supports in the or prevent area of registering state of fice or registered agent, or both, in the State of Fiorida.  SIGNATURE Supports in the original state of Fiorida.  9. This corporation is eligible to satisfy its Intangible Task filting requirement and elects to do so.				182	22 W Grant Street			
8. The above named entity of mits this statement for the Auropse of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filter requirement and elects to do so.  Make Check Payable to Department of State  10. Elocition Campaign Financing Furst Fund Contribution.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. URL  SIREET AUDRESS  OTI-S1-2P  OTI-LINE  V. President  GEORGE, SOLOMON  18.22 W. Grant Street  OTI-LINE  UNAME  SIREET AUDRESS  OTI-S1-2P  18.22 W. Grant Street  OTI-S1-2P  TILE  MAKE  TILE  MAKE  TILE  MAKE  TILE  MAKE  TILE  MAKE  SIREET AUDRESS  OTI-S1-2P  TILE  MAKE  SIRET		in i uio oi	PACE	نيا ا	72 W. Grant bulege	7		
8. The above named entity prints his statement for the Auropse of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  9. This corporation is elligible to satisfy its Intangible Tax Miling requirement and elects to do so. Make Check Payable to Department of State  10. FIFE Registered Agent algrature required when rentations)  DATE  9. This corporation is elligible to satisfy its Intangible Tax Miling requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  Make Check Payable to Department of State  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  16. Election Campaign Financing Trust Fund Contribution.  17. STATE POWERS  18. OFFICERS AND DIRECTORS  19. OFFICE				City		1		
8. The above named entity engines this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  SIGNATURE  SIGNATURE  SUprawley year arms of registering purpose or present agent appears a present agent appears remained in growth and proposed to the state of provided to the state of the state of the state of provided to the state of t			·- <u></u> -	Orl	FL   Zip Code 32825			
SIGNATURE Segment hypera or present name of regiment forces and regiment forces are presented. Part signature required when rematating)  9. This corporation is eligible to satisfy its Intangible Tax Mingr sequirement and elects to do so.	8. The above	named entity spinits this statement f	for the <u>burpose</u> of changi	ina its realstered office or reg	enistered agent or both in the State of Florida	$\dashv$		
9. This corporation is eligible to satisfy its Intangible Tax Miling requirement and elects to do so. After May 1, Fee is \$150.00 Are May 1, Fee is			T.	· •	4	-		
9. This corporation is eligible to satisfy its Intangible Tax Miling requirement and elects to do so. After May 1, Fee is \$150.00 Are May 1, Fee is	SIGNATURE ,	- Molbriton Y's	99 19e					
9. This corporation is eligible to salisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution.  16. Election Campaign Financing Trust Fund Contribution.  17. OFFICERS Added to Fees Settles Added to Fees S	0101#		and the applicable.	(NOTE: Registered Agent signature re	required when reinstating) DATE	1		
Tax filing requirement and elects to do so. (See criteria on back)   After May 1, Fee is \$55.05	• This corne	eration is aligible to esticht its Intensib	January			4		
Amended UBR is \$61.25     Make Check Payable to Department of State			After	May 1, Fee is \$550.00				
TITLE MAME MAME SIRET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS  TITLE MAME GEORGE, SOLOMON 1822 W. Grant Street Orlando, FL 32825 V. President GEORGE, BASDAYE 1822 W. Grant Street Orlando, FL 32825 TITLE MAME SIRET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS  TITLE MAME SIRET ADDRESS CITY-ST-ZIP			Ame	ended UBR is \$61.25	Trust Fund Contribution Added to Food			
TITLE MAME MAME SIRET ADDRESS CITY-ST-2IP  TITLE MAME T				ayable to Department or	A State			
NAME STREET ADDRESS GEORGE, SOLOMON 1822 W. Grant Street Orlando, FL 32825 TITLE NAME STREET ADDRESS CITY-ST-2IP  V. President GEORGE, BASDAYE 1822 W. Grant Street Orlando, PL 32825 TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP T	T)T: C	Γ,	DIRECTORS	<del></del>		1,		
STREET ADDRESS CITY-ST-ZIP  1822 W. Grant Street Orlando, FL 32825  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE NAME SIREET ADDRESS CITY-ST-ZIP	MAME	· ·		•		CROE034B (40)04)		
STREET ADDRESS CITY-ST-ZIP  1822 W. Grant Street Orlando, FL 32825  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE NAME SIREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	1 .				5		
STREET ADDRESS CITY-ST-ZIP  1822 W. Grant Street Orlando, FL 32825  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE NAME SIREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	1822 W. Grant Str				ļç		
STREET ADDRESS CITY-ST-ZIP  1822 W. Grant Street Orlando, FL 32825  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE NAME SIREET ADDRESS CITY-ST-ZIP	UIT-SI-ZIF					٤		
STREET ADDRESS CITY-ST-ZIP  1822 W. Grant Street Orlando, FL 32825  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE NAME SIREET ADDRESS CITY-ST-ZIP	TITLE	,	•			ļ		
STREET ADDRESS CITY-ST-ZIP  1822 W. Grant Street Orlando, FL 32825  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE VAME SIREET ADDRESS CITY-ST-ZIP  IITLE NAME SIREET ADDRESS CITY-ST-ZIP	NAME			1	•	1 5		
OFT and FL 32825  TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. HELL MOUNES					1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  IN THIS SPACE STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		Orlando, FL 32825	. ee c 5	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP  TITLE VAME VAME VAME VAME VAME VAME VAME VAM	TILE		,			1		
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DO NOT WRITE  THE IN THIS SPACE  STREET ADDRESS CITY-ST-ZIP  ITILE  VAME  STREET ADDRESS CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS CITY-ST-ZIP		<u></u>	<u></u>			1		
TITLE VAME VAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME STREET ADDRESS CITY-ST-ZIP  TITLE VAME VAME VAME VAME VAME VAME VAME VAM					DO NOT WOITE	4-		
NAME STREET ADDRESS CITY-ST-ZIP  DITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP					V.			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE VAME TITLE VAME STREET ADDRESS STREET ADDRE				1	IN THIS COACE	-		
CITY-ST-ZIP				_		1		
TITLE						1		
NAME		<del></del>		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	1		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  TILE MAME MAME STREET ADDRESS				TIFLE '		1		
CITY-S1-ZIP				NAME	*	ĺ		
					· · · · · · · · · · · · · · · · · · ·	Į		
AAME NAME STREET ADDRESS STREET ADDRESS STRETT ADDRESS STRETT ADDRESS STREET ADDR	ITY-ST-ZIP			CITY-ST-ZIP		Í		
AAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	II.			TITLE		ĺ		
STREET ADDRESS  ITY-ST-ZIP  CITY-ST-ZIP					1	ł		
ITY-ST-ZIP CITY-ST-ZIP					I	1		
				CITY-ST-ZIP	J	ŧ		
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	3. I hereby ce	ertify that the information supplied with	this filing does not quali		1- Occident 440 07(0)(3) Florida Cantudas I foutbox contifue that the information	1		
and the control of th	u. 11101007 00	will helidding injointigue and might	THE THEORY OF THE TRANSPORT	AVIOLDINE EXCLUSION OF THE OWNER, THE	in Section 119.07(3)(i) Florida Statices, Culture certify that the programme.			