

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

FILED
Jun 19, 2002 8:00 am
Secretary of State

DOCUMENT # P00000068103

1. Entity Name

WELL DONE CONSTRUCTION, INC.

05-08-2002 90122 045 ***150.00

DO NOT WRITE IN THIS SPACE

36092

2. Principal Place of Business 1822 W. Grant Street Suite, Apt. #, etc.		3. Mailing Address 1822 W. Grant Street Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32825	Country Orange	Zip 32825	Country Orange
4. FEI Number 59-3659290		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GEORGE SOLOMON	
Street Address (P.O. Box Number is Not Acceptable) 1822 W. Grant Street	
City Orlando	Zip Code FL 32825

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.

SIGNATURE

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GEORGE, SOLOMON 1822 W. Grant Street Orlando, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President GEORGE, BASDAYE 1822 W. Grant Street Orlando, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)