


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90097 019 ***150.00

06A8641 AT

DOCUMENT # P00449	
1. Entity Name COLASANTI SOUTH, INC.	

Principal Place of Business 24500 WOOD COURT MACOMB TOWNSHIP MI 48042	Mailing Address 24500 WOOD COURT MACOMB TOWNSHIP MI 48042
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

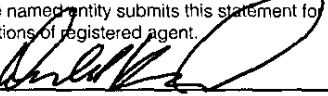


☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-2492412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  *Sec. Treas* DATE *05-30-03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P COLASANTI, CHRISTOPHER J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLASANTI, CHRISTOPHER J	NAME	
STREET ADDRESS	24500 WOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	MACOMB TOWNSHIP MI 48042	CITY-ST-ZIP	
TITLE	V COLASANTI, CAREY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLASANTI, CAREY	NAME	
STREET ADDRESS	24500 WOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	MACOMB TOWNSHIP MI 48042	CITY-ST-ZIP	
TITLE	V COLASANTI, KEITH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLASANTI, KEITH	NAME	
STREET ADDRESS	24500 WOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	MACOMB TOWNSHIP MI 48042	CITY-ST-ZIP	
TITLE	V RUTHERFORD, ROBERT A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, ROBERT A	NAME	
STREET ADDRESS	24500 WOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	MACOMB TOWNSHIP MI 48042	CITY-ST-ZIP	
TITLE	ST KOSNIK, DONALD W <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSNIK, DONALD W	NAME	
STREET ADDRESS	24500 WOOD COURT	STREET ADDRESS	
CITY-ST-ZIP	MACOMB TOWNSHIP MI 48042	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)