AMENDED 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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CITY-ST-ZIP CITY-ST-ZIP	DOCUMENT # PO1000006349 1. Entity Name					FILED		
### Principal Place of Rusiness Section S	Fronci	kowiak + Compo	uny Constructi Inc.	on,	03	DEC 23 PM	3 : 58	
Sulte, Apr. 4 etc Sulte, Apr. 4 etc Sulte, Apr. 4 etc Sulte, Apr. 4 etc Sulte, Apr. 4 etc Sulte, Apr. 4 etc Venice, Florida Venice, Florida 4. FEI Number 55-1068542 No. Applicable		DO NOT WRITE	IN THIS SP	ACE	SEC TALL	RETARY OF ST AHASSEE, FLO	FATE ORIDA	
Venice Florida Venice, Florida 65-1068542 Not Applicable Zeo Country Zeo Country Just State Country State Country State Power and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Separation of the State of Power and Address of Current Registered Agent Not The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the colligations of registered agent, or both, in the State of Forda. I am familiar with, and accept the colligations of registered agent. SIGNATURE Separation State Power and State	5853	S. Miami Road	5853 S.Miami R	Road	_			
Zio 34293 USA 34293 USA 5. Certificate of Status Desired \$2.75 Additional Fee Required 24293 Fronckowiak Signature Proceedings of Current Registered Agent Procedings of Committee Procedings of Committ			•	la		.2		
The above named entily submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Signature City Venice FL Zin Code 34,293	Zip	Country	Zip	Country			\$8.75 Additional	
IN THIS SPACE City	34.793	I USA	34293			s of Current Register		
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A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature The property Signature Sign		學者,是"我」為"為",不可以對於"為"的"不"。(4),對"是"。在15人以一	就是海洲的"山麓"。 人名英格勒罗斯	Street Addre 5853 S	ss (P.O. Box Number is No Miami Road	ot Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed prime of inegistered agent and rite if applicable. (NOTE Pergistered Agent applicable required when required when remarking) DATE		IN THIS SE	ACE:					
B. 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 Sepative Type or printed have of registered agent and the it applicable.				City Venice		F		
Synatise, typed or printed name of registered again and the il applicable. (NOTE. Registered Again signature required when revisiting) DATE	8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or regi	stered agent, or both, in the	ne State of Florida. I am	familiar with, and accept	
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After May 1, Fee is \$55.00 Amended UBR is \$51.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME JOSH Fronckowiak 5853 S. Miami Road Venice, FL 34.293 TITLE Vice President Raph Lawrence Wolfer, III 240. Algiens, Drive Venice, FL 34.293 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Secretary John Colon 6985 Hawkins-Road STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE TITLE TITLE SECRETARDRESS CITY-ST-2P TITLE T			and title if applicable. (NOTE:	Registered Agent signature req	sired when reinstating)	DATE	***************************************	
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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 on an attachment with an address, with all the fixe empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



LAW OFFICES OF DEAN HANEWINCKEL, P.A.

(941) 473-2828 Fax (941) 473-2868 Info@dean-law.com

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Debi Lantzer, legal Assistant

2650 SOUTH McCall Road Englewood, Florida 34224

December 17, 2003

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Fronckowiak & Company Construction, Inc.

Ladies/Gentlemen:

With regard to the above, enclosed please find an Amended 2003 For Profit Corporation Uniform Business Report (UBR) for filing regarding Fronckowiak & Company Construction, Inc., together with our client's check in the amount of \$61.25.

Thank you for your prompt attention to this request.

Sincerely,

Debi Lantzer, Assistant to Dean Hanewinckel

/dl Enclosures