

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 043 ***150.00

DOCUMENT # P01000006614

1. Entity Name

CONSTRUCTION FOLDER, INC.

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1869 FLORALTON DRIVE

Suite, Apt. #, etc.

City & State
SPRING HILL, FL 34610

Zip

Country

3. Mailing Address

1869 FLORALTON DRIVE

Suite, Apt. #, etc.

City & State
SPRING HILL, FL 34610

Zip

Country

4. FEI Number

59-3704666

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RHODES, JOSEPH D.

Street Address (P.O. Box Number is Not Acceptable)

1869 FLORALTON DRIVE

City
SPRING HILL,

FL

Zip Code
34610

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

Joseph D. Rhodes
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

x 4-30-02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

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 30
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D/P/T	RHODES, JOSEPH D.	1869 FLORALTON DRIVE	SPRING HILL FL 34610				
D	RHODES, MARCIA	1869 FLORALTON DRIVE	SPRING HILL FL 34610				
D/VP/S	EHLERS, HERMANN W.	1869 FLORALTON DRIVE	SPRING HILL FL 34610				
D	PICARD, BARBARA	1869 FLORALTON DRIVE	SPRING HILL FL 34610				

**DO NOT WRITE
IN THIS SPACE**

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:

Joseph D. Rhodes

JOSEPH D. RHODES

x

4-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #