2003 FOR PROFIT CORPORATION

P01000016873

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

C & S ERECTORS, INC.



r ILED May 09, 2003 8:00 am Secretary of State 05-09-2003 90138 027 ***150.00

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Principal Place of Business 2510 ROBIE AVE				Mailing Address 2510 ROBIE AVE						_		
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2. Principal Place of Business			3. Ma	3. Mailing Address				1 (88)(88) (1) 89(81 (186) 98(1) 88(1)	BE131 #8181 118	- HINGS (451)	18488 H H H H H	
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.								
								☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	4. FEI Number 59-3704524			Applied For	
7				<u> </u>				35-3704324			ot Applicable	4
Zip		Country	ountry Zip Ci		Count	s. c		Certificate of Status Desired		8.75 Ad		
6. Name and Address of Current				Registered Agent			7	Name and Address of New Re				┨
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BARBER,	GARY R							,				
2510 ROB				Street Address			is (P.O. E	Box Number is Not Acceptable)				
MOUNT DORA FL 32757												1
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						City			FL	Zip Cod	e	
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.												1
the obligat	tions of regist	ered agent.										
SIGNATURE												
	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTE	E: Registered	Agent signature requ	ired when r	einstating)	DATE			1
F	ILE NOW!!	!. FEE.IS \$150.00 -	•					9. Election Campaign Fina	neina	¢E (0 May Be	1
After May 1, 2003 Fee will be \$550.00								Trust Fund Contribution.	~ —		to Fees	
	K Payable to	Florida Department		,								
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	information supplied wi	th this filing	does not qualify for			Section	119.07(3)(i), Florida Statutes. I f	urther cortif	that the i		$\overline{}$	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #