## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000030645

Entity Name: ABSOLUTE STRUCTURAL CONCEPTS, INC.

FILED Mar 19, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 853 E. SEMORAN BLVD 101 CASSELBERRY, FL 32707 **New Mailing Address: Current Mailing Address:** 866 MOONLUSTER DRIVE 1632 DAUPHIN LN CASSELBERRY, FL 32707 ORLANDO, FL 32803 FEI Number: 59-3708279 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, CLINTON B III CLARK, CLINTON B III 866 MOONLUSTER DRIVE 1632 DÁUPHIN LN ORLANDO, FL 32803 CASSELBERRY, FL 32707 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: 03/19/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CLARK, CLINTON B III CLARK, CLINTON B III Name: Name: 866 MOONLUSTER DRIVE 1632 DAUPHIN LN Address: Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: ORLANDO, FL 32803 Title: Title: () Delete (X) Change ( ) Addition CLARK, JENNIFER S Name: CLARK, JENNIFER S Name: 866 MOONLUSTER DRIVE 1632 DAUPHIN LN Address: Address: CASSELBERRY, FL 32707 ORLANDO, FL 32803 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete CLARK, ANITA E Name: Name: 1630 ALEXANDER DR Address Address: City-St-Zip: City-St-Zip: DELAND, FL 32720 Title: () Delete Title: ( ) Change (X) Addition X, X X XName: Name: Address: Address: City-St-Zip: City-St-Zip: X. X X Title: Title: ( ) Delete ( ) Change (X) Addition Name: Name: X, X X XAddress: Address: Х X, X XCity-St-Zip: City-St-Zip: Title: () Delete Title: Х ( ) Change (X) Addition Name: Name: X, X X XAddress: Address: Χ City-St-Zip: City-St-Zip: X. X X

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON B. CLARK III D 03/19/2003