2002 UNIFORM BUSINESS REF					(UBA	R)	FILED Apr 21, 2002 8:00 am Secretary of State					
DOCU				Secretary of State 03-25-2002 90013 013 ***150.00								
1. Entity Nam		R CONSTRUCT	0039430					03-25-2	2002 9001	13 013 **	*150.00	
		1.37.3										
Principal Place of Business Mailing			Mailing Address							2.4	547	
749 WHITE IVEY COURT APOPKA FL 32712			749 WHITE IVEY COURT APOPKA FL 32712						***	~ 1	• • •	
2. Principal F	Place of Business	<u> </u>	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	4. FEI Number 59 - 364 667 7   Applied For Not Applicable					
Zip Country			Zip	ry	5.		Status Desired	· □	\$8.75 Add		1	
	6. Name and	Address of Current F	legistered Agent			7.	Name and A	well to esembl		Fee Require Lgent	d 	
CONNER	, MICHAEL D	•	• <del>*</del>		Name	· ·						1
749 WHITE IVEY COURT				Street Address (			Box Number i	is Not Acceptab	(e)			
APOPKA FL 32712				City				<u> </u>		Zip Code		 
*					City FL Zip Code stered office or registered agent, or both, In the State of Florida.							<u> </u>
8. The above	named entity sub	hits this statement for	the purpose of changing its i	registere	d office of I	registerea a	igent, ar both,	in the State of F	orida.			
SIGNATURE.	Signature, typed or print	ad name of registered agent ar	nd title if applicants. (NOTE:	: Registered	Agent signatur	e required whe	(analating)		DATE		<del></del> ·	
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  1 (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND D	IRECTORS	12.		<u> </u>	DDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CONNER, MIC 749 WHITE IV APOPKA FL 3	EY COURT	☐ Delete							Change	☐ Addition	ZE034 (9/01
TITLE			☐ Delete	TITLE						Change	Addition	CRZEC
NAME STREET ADDRESS CITY-ST-ZIP	· 				T ADDRESS ST-ZIP							.:
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TITLE			☐ Delete	TITLE		_			<u> </u>	Change	Addition	
STREET ADDRESS					T ADDRESS							
13. I hereby o	ertify that the infor	mation supplied with t	his filing does not qualify for t	the exem		d in Section	119,07(3Yi) J	Florida Statutes	I further cert	ify that the in	formation	
indicated of the cor	on this report or si poration or the rec	upplemental report is to siver or trusteevempor	his filing does not qualify for t rue and accurate and that my rered to execute this report a	y signatu is require	re shall haved by Chap	ve the same ter 607, Flo	legal effect as	s if made under and that my nam	oath; that I ar	m an officer of Block 11 or	or director Block 12 if	