

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

DOCUMENT #	P010000 60983
1. Entity Name	3D Construction, Inc.



FILED

03 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3256 Twilight Lane	PO Box 352
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Crestview, FL	Crestview, FL
Zip	Zip
32536	32536
Country	Country
USA	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3724357	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Gaskin, Sheryl D
Street Address (P.O. Box Number is Not Acceptable)
3256 Twilight Lane
City
Crestview
FL
Zip Code
32536

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.

SIGNATURE Sheryl D Gaskin DATE 4/15/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	President	TITLE	
NAME	Sheryl D Gaskin	NAME	
STREET ADDRESS	3256 Twilight Lane	STREET ADDRESS	
CITY-ST-ZIP	Crestview, FL 32536	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheryl D Gaskin DATE 4/15/03

CR2E034B (12/02)