Apr 30, 2003 8:00 am § Secretary of State

FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112370 1. Entity Name GOLD SEAL CONSTRUCTION, INC.							Secretary of State 04-30-2003 90116 048 ***158.75		
Principal Place of Business 6001 BONACKER DR. TAMPA FL 33610				Mailing Address 6001 BONACKER DR. TAMPA FL 33610				T TO BEFORE THE BOOK HERE COME BUSINESS FOR A HOLD WARD WARD THE RESULTION OF THE	
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State			City	City & State			4. F	Applied For Not Applicable	
Zip	Country Country		Zip	Zip C		5. Certificate of Status Desired		Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Curre	nt Registere	d Agent		A1	7. N	lame and Address of New Registered Agent	
FERGUSON, DONALD G						Name			
6001 BONACKER DR.					Street Address (P.			ox Number is Not Acceptable)	
TAMPA FL 33610						-			
						City		FL Zip Code	
	e named entity tions of regist		for the purpo	ose of changing its	registere	d office or register	ed age	ent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .									
SIGNATORE .	Signature, typed	or printed name of registered age	ent and title if appli	cable. (NOTE	: Registered	Agent signature required	when rei	instating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees	
10. OFFICERS AND				RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, DONALD G 6001 BONACKER DR. TAMPA FL 33610			☐ Delete		TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA ST			i i	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		J		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE			☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF THE ORD DIRECTOR DIRECTOR