## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P02000034011 **DOCUMENT #**

1. Entity Name



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90123 001 \*\*\*150.00

.14.101. 00	NSTRUCTION, INC.										
Principal Place of Business 1000 S SEMORAN BLVD #112 WINTER PARK FL 32792		Mailing Address 1000 S SEMORAN BLVD ≢112 WINTER PARK FL 32792					·			<u>.</u>	2
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2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			######################################	III <b>bu</b> iri <b>uu</b> iin uulei I	<b>Jaira</b> Hall	<b>#</b> 1001 06101 16	<b>                                    </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State	е	City & State		4. FEI Number Applied For Not Applied For Not Applicate					1		
Zip Country		Zip Cour		try		cate of Status I		\$8.75 Additional Fee Required			
	6. Name and Address of Current	Pegistered Agent			7 Name	and Address	of New Registe		<u>-</u>		1
	o, Name and Address of Current	negistered Agent		Name							1
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1000 S SEMORAN BLVD #112				Street Address (	(P.O. Box Nu	imber is Not A	cceptable)				
	ARK FL 32792					*					[
WHITER P.	ARR FL 32/92	,							7:- 01-	<del></del>	-
				City				FL	Zip Code		1
B. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	s registere	ed office or register	red agent, o	r both, in the S	tate of Florida.	l am fan	niliar with, a	and accept	
SIGNATURE.	Signature, typed or printed prime of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature required	d when reinstating	g)		DATE			
											1
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		٠	<del></del>	.9. مديور	. Election Cam Trust Fund C	paign Financing ontribution.	9 🗆		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIC	NS/CHANGE	S TO OFFICERS	AND D	IRECTORS	IN 11	]_
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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.

SIGNATURE:

Date

Daytime Phone #