2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90162 002 ***558.75

DOCUMENT # P02000034931

1. Entity Name
BONITA SHORE'S CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
4438 PINE LAKE RD BONITA SPRINGS FL 34134	4438 PINE LAKE RD BONITA SPRINGS FL 34134

2. Principal Place of Business	3. Mailing Address
25231 Bernwood Dr.	25231 Bernwood Dr.
Suite, Apt. #, etc.: Suite#2 Bonita Springs F.L.	Suite, Apt. #, etc.: Suite#2
City & State:	City & State: Bonita Springs F.L.
Zip: 34135 — Country: U.S.A.	Zip: 34135 — Country: U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 81-0574437 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTRO, TOLANDA
4438 PINE LAKE RD
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASTRO, YOLANDA		NAME	
STREET ADDRESS	4438 PINE LAKE RD		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	
TITLE	OO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOCKHART, CLIFTON BRUCE		NAME	
STREET ADDRESS	4438 PINE LAKE RD		STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Yolanda Castro — 08/14/03 — (239)9495589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)