## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

2302 DAWNWOOD LANE

ORLANDO FL 32809

## P02000039150 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2302 DAWNWOOD LANE

Suite, Apt. #, etc.

City & State

Ζip

SIGNATURE .

ORLANDO FL 32809

A & N CONSTRUCTION, INC.



**FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90156 031 \*\*\*150.00

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Persaud, Rudolph 3 2302 Dawnwood Lane 3	Street Address (P.O. Box Numb	per is Not Acceptable)
ORLANDO FL 32809		
	City	FL Zip Code
The above named entity submits this statement for the ourpos	se of changing its registered office or registered agost, or be	oth in the State of Elevide. Learn formilles with and

Name

Country

the obligations of registered agent.

Signature, typed or printed hame of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Trust Fund Contribution.

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PERSAUD, RUDOLPH NAME STREET ADDRESS 2302 DAWNWOOD LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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.

2/21/03 407-438-1202-Date Dayline Phone #

☐ Change

☐ Addition