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

FILED Apr 14, 2003 8:00 am Secretary of State 03-31-2003 90309 021 \*\*\*150.00

3/31

|   | NT # PO<br>I CONSTRUCTION<br>A9 40 Mo   |  | <b>√</b> 👸   | 9.00°      |                                 |   |  | 5502494   | 19                           |  |                 |
|---|---|--|--|------------|---------------------------------|---|--|---|------------------------------|--|-----------------|
| Principal Place of Bus<br>2601 WELLS AVE<br>SUITE 141<br>FERN PARK FL 32730   | Mailing<br>2601 W<br>SUITE  | Mailing Address<br>2601 WELLS AVE<br>SUITE 141<br>FERN PARK FL 32730 |  |            |                                 |   |  |   | <b>11</b>                    |  |                 |
| 2. Principal Place of   | 3. Mailir   | 3. Mailing Address   |  |            |                                 |   | E ILDAKOON HII OBELO EKELI OOKII OOKII OOKII OOKII | IERIK ELEMU ALIKE OSM                               | 1                            |  |                 |
| Suite, Apt. #, etc.   | Suite,  | Suite, Apt. #, etc.  |  |            |                                 |   | CHECK HERE IF MA                                   | KING CHANGE:  | 3                            |  |                 |
| City & State  | City &  | City & State   |  |            |                                 | 4   | FEI Number 344952                                  | 54  | pplied For<br>lot Applicable | -  |                 |
| Zip Country   |   | Zip  | Zip · C  |            |                                 |   | 5.<br>1  | Certificate of Status Desired                       | \$8.75 Ac<br>Fee Requir      |  | ]_              |
| 6N  | (B) 74  | ي دون د  |  | 7.         | Name and Address of New Registe | red Agent                                     |  | 7   |                              |  |                 |
| ELLRODT, CHAR   |   | ~Namo=   | · ·  | 7          | 3,312,200                       | · · · · ·                                     |  | -)  |                              |  |                 |
| 2601 WELLS AVI  | gran on proper page   | Man he has his to the  |  |            | ddress (P.                      | Q.  | Box Number is Not Acceptable)                      |   |                              | 7  |                 |
| SUITE 141   | and the same and the | - C 22 2   |  |            | 7 73                            | +   |  |   |                              | 1  |                 |
| FERN PARK FL  | 12730   | 2-1  | v (y)  | <b>r</b> o | City                            | <u>,                                     </u> | +  | <del> </del>  | E1 Zip Co                    | 10   | ┨               |
|   |   | <u>, , , , , , , , , , , , , , , , , , , </u>                        | * * * * * * * * * * * * * * * * * * *  | <i>:</i>   |                                 | · <u>.</u>                                    | 1  |   |                              |  | 1               |
| <ol> <li>The above named<br/>the obligations of r</li> </ol>  |   | ement for the purpos   | e of changing its i  | egistere   | id office o                     | . iedi <u>zf</u> eiéd                         | dļa  | agent, or both, in the State of Florida.            | am lamiliar with             | , and accept<br>·  |                 |
| SIGNATURE Signature   | typed or printed name of regist   | ared agent and title if applica                                      | able. (NOTE:   | Registered | Agent signas                    | ure required w                                | 1  | remelating) D.                                      | VTE .                        |  |                 |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees   |   |  |  |            |                                 |   |  |   |                              |  |                 |
| Make Check Payab  | le to Florida Depart  |  |  |            |                                 | :<br>   |  |   |                              |  |                 |
| 10.   |   | RS AND DIRECTORS   |  | 11.        |                                 |   | ĮΑ   | ADDITIONS/CHANGES TO OFFICERS                       |                              |  | ]               |
| YOU IN  | المع و المه   | Ellroda  | Delete   | TITLE      |                                 |   |  | -   | Change                       | ☐ Addition   | 90              |
|   | 141 R. 190  | wood Dr  | provide a second money   | STREE      | T ADDRESS                       |   | _  | entraga paga da |                              |  | CR2E034 (10/02) |
| CITY-SI-21P   | prve-de   | FC 347   | <u>,</u>   | ;,CITY-    | ST-ZIP                          | <u> </u>                                      | <u> :</u>  | <u> </u>  |                              |  | Į į             |
| TITLE NAME  |   |  | Delete   | TITLE      |                                 | × ·   | ŀ  |   | ☐ Change                     | Addition   | ៜ               |
| STREET ADDRESS  |   |  | The second secon |            | T ADDRESS                       |   | ].   |   |                              |  |                 |
| CITY-ST-ZIP   |   |  | 1 4. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | CITY-      | ST-ZIP                          | -   |  |   |                              |  | <u>.</u> .      |
| пп.Е  | , rest to the second  | <del></del>  | Delets   | TITLE      |                                 | - (* <del>****</del>                          | .,   |   | ☐ Change                     | Addition   |                 |
| NAME - STREET ADDRESS   | <del></del> <del></del>   | به ایاضه دانین سیب   |  | NAME       | TADORESS                        |   | ];i  |   |                              |  | }               |
| CITY-ST-ZIP   |   |  | <u>(2.2</u>  |            | ST-ZIP                          | . 1   |  |   |                              |  | Ì               |
| TITLE   | <u> </u>  | · · · · · · · · · · · · · · · · · · ·                                | Delete : STAR  | TITLE      | ν.                              |   | Ī  |   | ☐ Change                     | ☐ Addition   |                 |
| NAME  |   |  | •  | NAME       |                                 |   | ļ  |   |                              |  | }               |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |            | t address<br>St•zip             |   | ľ  |   |                              | į  |                 |
| TITLE   |   |  | ☐ Delete   | TITLE      | · · ·                           |   | †  |   | ☐ Change                     | Addition   | 1               |
| HAME  |   |  |  | NAME       |                                 |   |  |   | _ •                          | , (  |                 |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |            | T ADORESS<br>ST-ZIP             |   |  |   |                              |  |                 |
| TITLE   |   | <del></del>  | ☐ Delete   | TITLE      | v 5:1                           | 1   | <u> </u><br>                                       |   | Change                       | Addition   |                 |
| NAME  |   |  | <b>.</b>   | NAME       |                                 | . ]   |  |   | C Amile                      | Land A STATE OF THE STATE OF TH |                 |
| STREET ADDRESS  |   |  |  |            | ADDRESS                         |   |  |   |                              | Í  |                 |
| CITY-ST-ZIP   |   |  | u - encent y   | CITY-      |                                 |   | _  |   |                              | <del></del>  |                 |
| 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 supplied in an accurate 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 receive for trusted empowered to assign 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 actives, with all of the chapter 607. Florida Statutes and that my name appears in Block 10 or Block 11 if the changed, or on an attachment with an active of the chapter 607. Florida Statutes and that my name appears in Block 10 or Block 11 if the changed, or on an attachment with an active of the chapter 607. Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607. Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607. Florida Statutes and that my name appears in Block 10 or Block 11 if the chapter 607. |   |  |  |            |                                 |   |  |   |                              |  |                 |