2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000059182

1. Entity Name

C.I.P. STRUCTURAL, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90142 018 ***150.00

Signature, propose or printed registered depert and vise if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						']					
Suffer, Apt. #, etc. City & State	509 RIDGEWOOD ST NW		. 509 RIDGEWOOD ST N	509 RIDGEWOOD ST NW			- - 				
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Zip Country Zip Country S. Certificate of Status Desired S8.75 Actitional Fee Required	City & State	e	City & State	City & State			FEI Number 04-3670721			 	
FINSEL, THOMAS II— Signature (P.O. Box Number is Not Acceptable) Signature (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the curpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Signature agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or	Zip	Country	Zip	Coun	try	5. (Dertificate of Status Desired		7 5 Add	ditional	
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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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, toped or period varies of registered agent and time if registered agent sequenter received when ministaing) DATE	PORT CHA	ARLOTTE FL 33952									
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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:

D Finsc-1 II 1/27/03 941-815-1463
Date Date Daytime Phone #