


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

FILED
May 01, 2003 8:00 am
Secretary of State
 05-01-2003 90813 006 ***150.00

DOCUMENT # P02000083231 ✓

1. Entity Name
TOTALY CONSTRUCTIVE, INC



DO NOT WRITE IN THIS SPACE

10095695

2. Principal Place of Business <u>10703 LAKE RALPH DR</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Clermont, FL</u>		City & State	
Zip <u>34711</u>	Country <u>LAKE</u>	Zip	Country
4. FEI Number <u>41-2061964</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FELIX REYES

Street Address (P.O. Box Number is Not Acceptable)
10703 LAKE RALPH DR

City
Clermont

FL Zip Code
34711

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 acc the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Added to Fee:

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>FELIX REYES</u> <u>10703 LAKE RALPH DR</u> <u>Clermont, FL 34711</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Felix Reyes</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 informati 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 direc 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 on a attachment with an address, with all other like empowered.

SIGNATURE: _____

4/28/03 407-489-2903