2003 FOR PROFIT CORPORATION

SIGNATURE

May 12, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000101805 **DOCUMENT #** 05-12-2003 90218 035 ***150.00 1. Entity Name ABSOLUTE CONSTRUCTION & MASONRY, INC. Principal Place of Business Mailing Address 547 CARRIGAN AVE 547 CARRIGAN AVE OVIEDO FL 32765 OVIEDO FL 32765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 1641432 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK WARREN LACEK, MARTIN D Street Address (P.O. Box Number is Not Acceptable) 2703 SUMMERFIELD RD WINTER PARK FL 32792 OVIEDO Zip Code The above named entity sub-و t for the purpose sistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist SIGNATURE: ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Delete ☐ Change TITLE TITLE CLARK, WARREN NAME NAME STREET ADDRESS 547 CARRIGAN AVE STREET ADDRESS CITY-ST-7IP OVIEDO FL 32765 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITI F TITLE ☐ Change NAME NAME STREET ADDRESS CITY-ST-ZIP examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information challed have the same legal effect as if made under oath; that I am an officer or director equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied in this filing does not qualify of t is true and accurate and that n indicated on this report or supplemental of the corporation or the receiver or to

Daytime Phone #