
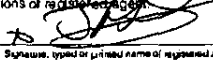



FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 011 ***150.00

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

DOCUMENT # P02000102766		
1. Entity Name MANUEL GIL CONSTRUCTION, INC.		
Principal Place of Business 8838 BYRON DR #35 TAMPA, FL 33615		Mailing Address 8838 BYRON DR #35 TAMPA, FL 33615
2. Principal Place of Business 5108 N. Habana Ave Suite, Apt. #, etc. Ste # 2 City & State Tampa, FL Zip 33614		3. Mailing Address 5108 N. Habana Ave. Suite, Apt. #, etc. Ste # 2 City & State Tampa, FL Zip 33614
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
		4. FEI Number 55-0798914
		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent GIL, JUAN M 8838 BYRON DR #35 TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5108 N. Habana Ave - Ste # 2 City Tampa FL Zip Code 33614
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 accept the obligations of registered agent.		
SIGNATURE 		DATE
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)		
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GIL, JUAN M 8838 BYRON DR #35 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
		DP Gil, Juan M. 5108 N. Habana Ave, Ste # 2 Tampa, FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
		Treasurer / Secretary Haanzel Dominguez 5108 N. Habana Ave, Ste # 2 Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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 		DATE Juan M. Gil - President 7/14/03 813-874-2062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE

CR2E034 (10/02)