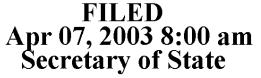
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000111956 **DOCUMENT #** 1. Entity Name HIGHWAY SAFETY CONSTRUCTORS, INC.



04-07-2003 91045 002 ***158.75



		GOD WE TO	′			
Principal Place of Business 133 ISLAND DRIVE PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 133 ISLAND DRIVE PONTE VEDRA BEACH FL 32082 3. Mailing Address 133 ISLAND DRIVE PONTE VEDRA BEACH FL 3208 3. Mailing Address 133 ISLAND Suite, Apt. #, etc. Suite, Apt. #, etc.		°L 32082				
		nd DR				
			☐ CHECK HERE IF MAKING CHANGES			
ONTE Vedne Beh FI	City State	7	4. FEI Number	 	oplied For	
Zip Country' 320 82 USA	32082	Country	5. Certificate of Status Desired	\$8.75 Add Fee Require	ditional	
6. Name and Address of Curr	ent Registered Agent	Name	7: Name and Address of New R	egistered Agent		
MONTGOMERY, THADDEUS J III						
133 ISLAND DRIVE		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PONTE VEDRA BEACH FL 32082				, 		
,		City		FL Zip Cod	e e	
8. The above named entity submits this statemer	nt for the purpose of changing its	 s registered office or regist	tered agent, or both, in the State of Flo		and accept	
the obligations of registered agent.						
SIGNATURESignature, typed or printed name of registered a		T. Daristan J. A. and J. A		DATE		
	gent and the n applicable. (NO	TE: Registered Agent signature requi	red witer reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550. Make Check Payable to Florida Departmen			 Election Campaign Fin Trust Fund Contribution 	nancing \$5.0	0 May Be I to Fees	
10. OFFICERS AND DIRECTORS 11		11.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11/	
UTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/5/D Fraddeus I Monte 13 Is Land Da Donte Vedra Beh, F	gomeny III	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ente verma presign	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	, □ Delete, □	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	

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 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