2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000122150

1. Entity Na

BULLOC

NAICIAI # C	02000123130	
CK CUSTOM CONST		
ace of Business	Mailing Address	



Apr 21, 2003 8:00 am Secretary of State **FILED**

04-21-2003 90551 008 ***150.00

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Principal Place of Business 4055 COOUINA DRIVE JACKSONVILLE BEACH FL 32250		4055	Mailing Address 4055 COQUINA DRIVE JACKSONVILLE BEACH FL 32250					. 11 11 11 1111 1111 1111 11	1881 81111 8811 1881		
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4.	FEI Number 3574		Applied For Not Applicable		
Zip		Country	Zip	Zip Cour		try	5.	. Certificate of Status Desired	Additional uired		
_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
WOLLAGE	DOSEDI					Name					
WQLLACE, ROBERT 3805 UNIVERSITY BLVD. W				Street Address (P.O. Box Number is Not Acceptable)							
JACKSONVILLE BEACH FL 32217					City FL Zip Code						
<u> </u>						<u> </u>					
	e named entit tions of regist		atement for the purp	cose of changing its	registere	ed office or regis	stered a	agent, or both, in the State of Florida.	I am familiar w	ith, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					.		Election Campaign Financi Trust Fund Contribution.		5.00 May Be ded to Fees		
10.		OFFIC	ERS AND DIRECTO	DRS	11.		F	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1055	dom 10 Bull Coguing Bak Fla	23920 Dur 39920	☐ Delete					☐ Chan	ge 🗀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Chan	ge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP				. Delete		حبب التستست			☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Chang	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					☐ Chanç	ne 🗀 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 genor 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 by I laster 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 attachman light amadules, with all prign like empowered.

SIGNATURE:

904-223-1797