FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90190 035 ***150.00

DOCUMENT # P05000014392

1. Entity Name
PROVIDENCE CONSTRUCTION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

40079340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
107 PINE TREE LANE Suite Apt #, etc	107 PINE TREE LANE Suite, Apt #, etc
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

4. FEI Number: 34-2032987 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: MIAMI FL Zip Code: 33145

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, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P NAME: DAVID J. LOPER STREET ADDRESS: 107 PINE TREE LANE CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: D. J. Loper DAVID J. LOPER 04-24-06 407-467-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR