FILED

DOCUMENT # P93000031947 1. Entity Name CONSTRUCTIVE SOLUTIONS, INC.					Jan 08, 2002 8:00 am Secretary of State 01-08-2002 90024 013 ***150.00		
Principal Place 3391 SKYLINI JENSEN BCH	··	Mailing Address PO BOX 601 STUART FL 34995			700288		
2. Principal Place of Business 2466 SE DRAYTON RD Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.							
Polity & State	BT WUE, FL	City & State		4.	65-0413509	Applied For	e
3-1952	Country STLYCIE	Zip	Country	5.	Certificate of Status Desired !	\$8.75 Additional Fee Required	7
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Registered Agent		
ADMAN TO A LOO			Na	Name			
GRIMSLEY, CAHRLES J ESQ			Street Address (P.O. Box Number is Not Acceptable)			ヿ	
	CKELL AVE			-			4
SUITE 20							
MIAMI FL	33129		City	4	F	Zip Code	7
8. The above	named entity submits this statement for	the purpose of changing its	registered offi	ce or registered as	gent, or both, in the State of Florida.		1
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent	signature required when r	einstating) DATi		
					1	-	4
	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200	+		10. Election Campaign Financing	\$5.00 May Be	
(See criteria on back)		Make Check Payab			Trust Fund Contribution.	Added to Fees	
11.,	OFFICERS AND D	DIRECTORS	12.	AI	L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	-
TITLE	P	☐ Delete	TITLE	6	/r	Addition	길흔
NAME	KUGLER, CRAIG		NAME	CRAIG	KUGLER /		6
STREET ADDRESS	3391 SKYLINE DR		STREET ADDR	- \ . \ \	SE PORALTON RO		88
CITY-ST-ZIP	JENSEN BCH FL 34952		CITY-ST-ZIP	POLIT	ST. /LUCIE/ FE-3	4152	CR2E034 (9/01)
TITLE	S	☐ Delete	TITLE	\$ 20.0	326/2/	Addition) B
NAME STREET ADDRESS	KUGLER, CAROLE		NAME STREET ADDR	occ 2 // July S	E SOUTH OF THE PARTY OF THE PAR		
CITY-ST-ZIP	3391 SKYLINE DR JENSEN BCH FL 34952		CITY-ST-ZIP	1 2.7	OF THE ENDING	51_	
TITLE		Delete	TITLE	10000	21. 22.21.	☐ Change ☐ Addition	,-
NAME		Detete	NAME	~~.	ر سن محمد بهروس کا در در در در این در	Unlarge Addition	
STREET ADDRESS			STREET ADDR	RESS			1
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	:	☐ Delete	TITLE		, "YUE, D.	☐ Change ☐ Addition	
NAME			NAME				

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, syith all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

2002 UNIFORM BUSINESS REPORT (UBR)

1/4/02 561.335-2210

☐ Change

☐ Change

☐ Addition

☐ Addition