

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90303 021 \*\*\*150.00

**DOCUMENT # P93000056621**  
 1. Entity Name  
**CORESLAB STRUCTURES (ORLANDO) INC.**

Principal Place of Business 11041 ROCKET BLVD. ORLANDO FL 32824	Mailing Address 11041 ROCKET BLVD. ORLANDO FL 32824
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-3199149** Applied For  Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FRANCIOSA, LUIGI</b>
STREET ADDRESS	<b>1121 HERITAGE ROAD</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FRANCIOSA, MARIO</b>
STREET ADDRESS	<b>1121 HERITAGE ROAD</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FRANCIOSA, DOMINIC</b>
STREET ADDRESS	<b>1121 HERITAGE ROAD</b>
CITY-ST-ZIP	<b>BURLINGTON ONTARIO CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SPIEGEL, SIDNEY</b>
STREET ADDRESS	<b>262 WILSON AVENUE</b>
CITY-ST-ZIP	<b>DOWNSVIEW-ONTARIO-CANADA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SPIEGEL, ROBERT</b>
STREET ADDRESS	<b>262 WILSON AVENUE</b>
CITY-ST-ZIP	<b>DOWNSVIEW-ONTARIO-CANADA</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>HARRISON, MICHAEL</b>
STREET ADDRESS	<b>11041 ROCKET BLVD.</b>
CITY-ST-ZIP	<b>KORLANDO FL 32824</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: \_\_\_\_\_ Date **04/25/02** Daytime Phone # **407-255-3911**

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CP2E034 (9/01)