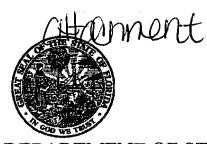
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

SIGNATURE:

Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90277 006 ***150.00 P94000022816 **DOCUMENT #** 1. Entity Name CONSTRUCTION CONNECTIONS UNLIMITED, INC. Principal Place of Business Mailing Address 11013854 1689 LAS CASAS RD. 1699 LAS CASAS RD. **BOCA RATON FL 33432 BOGA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0481520 Not Applicable Ζìρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEINZ, NORBERT J. * Street Address (P.O. Box Number is Not Acceptable) 1699 LAS CASAS ROAD **BOCA RATON FL 33432** City Zip Code 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fee! Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE CR2E034 (10/02) ☐ Delete ■ Addition HEINZ, NORBERT J. NAME NAME 1699 LAS CASAS ROAD STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7IP TITLE Delete, ☐ Addition NAME MAME STREET ACIDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empoyaged.

FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

April 4, 2003

CONSTRUCTION CONNECTIONS UNLIMITED, INC. 1699 LAS CASAS RD. BOCA RATON, FL 33432

Subject: CONSTRUCTION CONNECTIONS UNLIMITED, INC.

Reference Number: ______ P94000022816 ____

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the

following correction(s):

. Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/al

ANNUAL REPORTS SECTION