2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000016998



FILED
May 05, 2003 8:00 am \$\frac{8}{2}\$
Secretary of State

05-05-2003 90275 026 ***150.00

1. Entity Name CULLEN CUSTOM CONTRA	CTING, INC.	
Principal Place of Business 304 MONTEREY DRIVE	Mailing Address 304 MONTEREY DRIVE	
NAPLES FL 34119	NAPLES FL 34119	

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.															
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Secretary Secr	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
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RYAN, JEAN A 1167 3RD ST S NAPLES FL 33940 8. The above named entity submits this statement for the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent and the Preparation of registered agent. Or both, in the State of Florida. I am familier with, and accept the object of registered agent. Or both, in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the State of Florida. I am familier with, and accept the object of registered agent. Or both in the Sta	Zip	Zip . Country			Zip		Coun	try	5. Certificate of Status Desired		red [☐ \$8.75 Additional			
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Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code	DVAN IE	. · · · = . E · s · =	431 - 4	7 · •	.= .	-		Name		-2			-		
NAPLES FL 33940 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered direct or registered agent, or both, in the State of Florida. I am familiar with, and accept the cobligations of registered agent. SIGNATURE Speaker, typed or period round or sequence agent and table if supricease. NOTE Registered Agent segretase sequence when recessaring DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Added to Feese Add							Street Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								S. S. C. I. S. S. S. C. C. S. S. C.							
B. The above named entity submits this statement for the purpose of changing its 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 it explicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE LOWLIEN, JAMES J 304 MONTEREY DRIVE SIREET ADDRESS CITY-51-2P TITLE MAME SIREET ADDRESS CITY-51-	NAPLES I	-L 33940													
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r nereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 9