FILED

Date

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 21, 2002 8:00 am DOCUMENT # P96000006645 **Secretary of State** 1. Entity Name 01-21-2002 90014 012 ***150.00 COMPLIANCE CONSTRUCTION CORP. Principal Place of Business Mailing Address 501 S. NEW YORK AVE 501 S NEW-YORK AVE WINTER PARK FL 32789 WINTER PARK FL 32789 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3358190 ack Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, ROBERT 558 W. New England Ave Street Address (P.O. Box Number is Not Acceptable) 201 S ORANGE AVE Ste 240 Winter Park, FL 32789 STE-1000-GRLANDO FL 32801 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition NAME HOLD, ROBERT P NAME . Lyman Ave STREET ADDRESS STREET ADDRESS 1230 E. HILLCREST STREET, SUITE 105. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE ☐ Addition TITLE VPST NAME NAME MORA, CONRAD A STREET ADDRESS 1230 E. HILLCREST STREET, SUITE 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete_ TITLE. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BNE WTO CITY-ST-ZIP HOID HOREIAL ☐ Delete ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CiTY-ST-71P CITY-ST-7IP Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 information 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.