## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 18, 2002 8:00 am Secretary of State DOCUMENT # P96000051951 1. Entity Name 02-18-2002 90178 026 \*\*\*150.00 CONSTANT IMPROVEMENT INC. Mailing Address Principal Place of Business 851 PINTO CIRCLE 851 PINTO CIR NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0682325 Not Applicable Country \$8.75 Additional Zip Country Zip $\Box$ 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRASCIK, TOM Street Address (P.O. Box Number is Not Acceptable) **851 PINTO CIRCLE** NOKOMIS FL 34275 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME TRASCIK, TOM NAME STREET ADDRESS STREET ADDRESS 851 PINTO CIRCLE CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

FILED