FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT #	0020000 01027	1. Secretary of State			
DOCUMENT # P 970000 51977 1. Entity Name			05-27-2002 90427 012 ***150.00		
GREG WILLEN	IS TRUCKING AND	LANDINDRKSIN	d		
UNG WILLIAM	STRUCTION THE	CH 100 00-141 11	7		
<u> </u>				•	
DO NOT	WOITE IN THIS	00405		-	
וטא טט	WRITE IN THIS	SPACE	1		
Principal Place of Business	2 Mailing Address	·			
2. Principal Place of Business 1013 CARLTON DR Suite, Apt. #, etc. 3. Mailing Address, 1013 CARL Suite, Apt. #, etc.		ARLTON DR		·	
			DO NOT WRITE IN THIS	S SPACE	
City & State	City & State		A FELM		
MELBOURNE PI MELBOURNE		JE FI	4. FEI Number 59-33927/3	Applied For Not Applicable	
Zip Count 32935	zip 32935	Country	5. Certificate of Status Desired	\$8,75 Additional	
30700	00/23		7. Name and Address of Current Register	Fee Required	
		Name	1 / CNS O AAC	a Agent	
DO N	NOT WRITE	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
IN T	HIS SPACE		1073 CARLTON DR		
		1073			
		City ME	lbourve FI	Zio Code 35	
8. The above named entity submits	s this statement for the purpose of changi	ng its registered office or registe	ered agent, or both, in the State of Florida.	135733	
CICNATURE					
SIGNATURE Signature, typed or printed ne	ame of registered agent and title if applicable.	(NOTE: Registered Agent signature require	ed when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible January 1 May 1 Fee is \$150.0			and the state of t		
Tax filing requirement and electric (See criteria on back)	s to do so.	May 1: Fee is \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
<u>'</u>	Make Check P	ayable to Department of St	afe.	☐ Added to Fees	
······································	OFFICERS AND DIRECTORS	TITLE			
ITILE PS,T,D NAME SIDEFLADDRESS WILLEMS	GREG.	NAME		1000	
CHY-ST-ZIP MELADULUF FI 32935		STREET ADDRESS			
TITLE MELBOURD	P, PI Daiss	CITY-ST-ZIP TITLE		97//	
NAME		NAME :		3//	
STREET ADDRESS CHY-S1-ZP		STREET ADDRESS		11	
TITLE		CITY-ST-ZIP		1.	
NAME		TITLE NAME	·	``	
STREET ADDRESS		STREET ADDRESS	DO NOT WO		
TITLE		CITY-ST-ZIP	DO NOT WRI	1 E	
NAME		TITLE NAME	IN THIS SPACE	CF.	
STREET ADDRESS		STREET ADDRESS			
CHY-SI-ZIP		CITY-ST-ZIP		The same of the sa	
TITLE NAME		TITLE			
STREET ADDRESS	_	NAME Street address	./		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE	18		
STREET ADDRESS		NAME STREET ADDRESS			
CHY-ST-ZIP %		CITY-ST-ZIP	<u></u>	·	
 I hereby certify that the informatic indicated on this report or sumple 	on supplied with this filing does not qualif	y for the exemption stated in Se	ction 119.07(3)(i). Florida Statutes. I further cert	ify that the information	
of the corporation or the received attachment with an address, with	Of this too amounted to avocate this -	eport as required by Chapter 60	ction 119.07(3)(i), Florida Statutes. I further cert same legal effect as if made under oath; that I a 07, Florida Statutes; and that my name appears	m an officer or director in Block 11 or on an	
. 4	10001111		7		
SIGNATURE:	RE AND TIPED OR PRINTED HAME OF SIGNING OFFE	CER OR DEFECTOR	11ENS 5/1/02		
	I A COMMON OF THE PARTY OF THE		Date '	neuro Diverso o	