## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000087324

1. Entity Name

V AND V CONSTRUCTION, INC.



## FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90134 027 \*\*\*150.00

|   |                                    |   |  |                      |  | WE TEN                 |  |   |                  |                              |
|---|------------------------------------|---|--|----------------------|--|------------------------|--|---|------------------|------------------------------|
| Principal Place of Business<br>2227 TREYMORE DRIVE<br>ORLANDO FL 32825  |                                    |   | Mailing Address 2227 TREYMORE DRIVE ORLANDO FL 32825 |                      |  |                        |  |   |                  |                              |
| 2. Principal Place of Business  |                                    |   | 3. Mailing Address                                   |                      |  | -                      |  |   |                  |                              |
| Suite, Apt. #, etc.   |                                    |   | Suite, Apt. #, etc.                                  |                      |  |                        | ☐ CHECK HERE IF MAKIN                                | IG CHANGES                                  |                  |                              |
| City & State  |                                    |   | City & State   |                      |  | <b>4</b> . F           | 4. FEI Number 59-3472853 Applied For Net Applied For |   |                  |                              |
| Zip Country   |                                    | Zip Coun                                |  | Country              | y 5.                                     |                        | Certificate of Status Desired                        | \$8.75 Ad                                   |                  |                              |
|   | 6. Name                            | and Address of Currer                   | ıt Register  | ed Agent             | J  |                        | 7. N   | lame and Address of New Registered          |                  | -                            |
|   |                                    | · · · · · · · · · · · · · · · · · · ·   | ارستان المساورة ال                                   |                      |  | lame                   | <u>.</u> → T2  |   |                  |                              |
| VILLALOBOS, JAVIER  |                                    |   | -  | Street Address       |  |                        | +  |   |                  |                              |
| 2227 TRE  | EYMORE DRIV                        | /E                                      |  | Street Addres        |  |                        | (P.O. Box Number is Not Acceptable)                  |   |                  |                              |
| ORLANDO FL 32825  |                                    |   |  |                      |  | •                      |  |   | *                |                              |
|   |                                    |   |  |                      |  | Dity                   |  | F   | Zip Coo          | e                            |
| 8. The above the obliga   | e named entity<br>tions of registe | submits this statement red agent.       | for the purp   | pose of changing its | registered o                             | office or register     | ed age   | ent, or both, in the State of Florida. I am | n familiar with, | and accept                   |
| SIGNATURE   |                                    |   |  |                      |  |                        |  |   |                  |                              |
| GIGINATOTIE   | Signature, typed o                 | r printed name of registered ager       | nt and title if app                                  | olicable. (NOTE      | E: Registered Age                        | ent signature required | when rei   | nstating) DATE                              |                  | <del></del>                  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00  Mr to Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS |                                    |   |  |                      |  |                        |  |   | ∟ Added          | <b>0</b> May Be<br>I to Fees |
|   | р                                  | OFFICERS AN                             | ) DIRECTO  |                      | 11.                                      | 1                      | ADI  | DITIONS/CHANGES TO OFFICERS AN              |                  |                              |
| TIŢLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VILLALOBIA                         | S, JAVIER M<br>More Drive<br>FL 32825   |  | ☐ Delete             | TITLE NAME STREET AD CITY-ST-2           | l.                     |  |   | ☐ Change         | Addition Addition            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                    |   |  | ☐ Delete             | TITLE NAME STREET AD CITY-ST-2           | ŀ                      |  |   | ☐ Change         | ☐ Addition                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                    |   |  | ☐ Delete             | TITLE NAME STREET AD CITY-ST-Z           | <b>I</b>               |  |   | ☐ Change         | Addition -                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |                                    | *************************************** |  | □ Delete             | TITLE<br>NAME<br>STREET AD<br>CITY-ST-Z  |                        |  |   | ☐ Change         | Addition                     |
| TITLE<br>NAME<br>Street address<br>City-St-Zip  |                                    | `                                       |  | □ Delete             | TITLE<br>NAME<br>STREET ADI<br>CITY-ST-Z | 1                      |  |   | ☐ Change         | Addition                     |
| TITLE<br>Name<br>Street address<br>City-St-Zip  |                                    |   |  | ☐ Delete             | TITLE NAME STREET ADD                    |                        |  |   | ☐ Change         | Addition                     |

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #