2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

6465 RUBIA CIRCLE

APOLLO BEACH FL 33572

P97000102434 **DOCUMENT #**

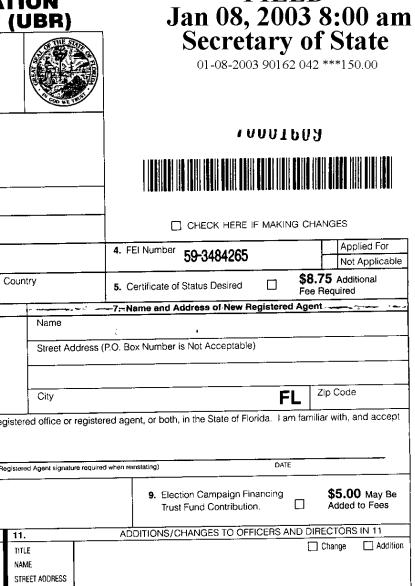
1. Entity Name

Principal Place of Business

APOLLO BEACH FL 33572

6465 RUBIA CIRCLE

A TO Z MODULAR BUILDINGS, INC.



FILED

2. Principal Place of Business		3. Mailing Address		1 (681)/881 (1/8 (811) (821) 821)/ 881)/ 48/91 (1/81) 88/1	2 (1911 A1269 11111 B191 1491	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3484265	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional see Required	
	6. Name and Address of Current	Registered Agent	_	7:-Name and Address of New Registered Ag	ent	
•	U. Hame and Madress of Carrent		Name			
SMITH, DAVÍD L ESQ 101 E. KENNEDY BOULEVARD			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 1760			- 01		Zip Code	
TAMPA FL 33602			City	<u>FL</u>		
the obligati	named entity submits this statement for one of registered agent. Signature, typed or printed name of registered ager		IS registered office of registrictions. TE: Registered Agent signature requires.	tered agent, or both, in the State of Florida. I am fa		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NE (: STREET ADDRESS CITY-ST-ZIP	D NEWCOMB, MALCOLM R 6465 RUBIA CIRCLE APOLLO BEACH FL 33572	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE	<u> </u>	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	and to the second s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR