FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90745 019 ***150.00

DOCUN 1. Entity Nam	MENT # <i>P98000</i>	026455	· 		{		10 010 0
PONCHO	o's constructors, in	NC.		·			
DO NOT WRITE IN THIS SPACE					90123290		
			-				· ·
2. Principal Place of Business 3. Mailing Address 612 N.E. 107th ROAD SAME					-		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State OXFORD, FL		City & State			4. FEI Number 59-3520213		Applied For Not Applicable
Zip 34484	Country USA	Zip	Country		5. Certificate of Status Desir	יוו המי	75 Additional Required
 	DO NOT WRITE IN TH	IIS SPACE			. Name and Address of Curre		
				Name HENRY L. WOOD			
				Street Address (P.O. Box Number is Not Acceptable) 612 N.E. 107th ROAD			
	* *** y		-	City OXFOR		FL Zi	p Code 344,84
	named entity submits this statement	t for the purpose of chan	ging its regi				
and accep	t the obligations of registered agent.	in the second se	· 2·		686	ميداد در	
SIGNATURE	Signature, typed or printed name of register	<u> </u>	thin (N/	OTE: Basistoned As	<u></u>	11-21 F	DATE
Jar	nuary 1 - May 1 Fee is \$150.00	ered agent and tide it applica	1D18. (NI		gent signature required when reinsta		
After May 1, Fee is \$550.00 Amended UBR is \$61.25				Tay .	9. Election Campaign f Trust Fund Contribut		\$5.00 May Be Added to Fees
	Payable to Florida Department of		- 1				
TO.	OFFICERS AND D		nne				<u>[</u> §
PRESIDENT & DIRECTOR HENRY L. WOOD			NAME	NAME			
GTY-ST-ZIP 612 N.E. 107th ROAD			STREET CITY - S	TADDRESS ST - ZIP			CR2F034B (1202)
TITLE	OXFORD, FL 34484		TITLE				
NAME			NAME		•		(€
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title Name			TITLE NAME	1	*		· · · · · · · · · · · · · · · · · · ·
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CITY - ST - ZIP ,	And the state of t	,	ary-s				V. 8.9. A * ***
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 on an attachment with an address, with all other like empowered.							
SIGNATI	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIG	NING OFFIC	ER OR DIRECTO	9-30-00	5 Parties Physics	
	STATISTIC MID TIFED ON				- Care	Daytime Phor	io m