FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90218 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045681

1. Entity Name
CONSTANTINE, INC.

Principal Place of Business	Mailing Address
5621 PITCH PINE DR ORLANDO, FL 32819	5621 PITCH PINE DR ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
544 STATE ROAD 559	544 STATE ROAD 559
Suite, Apt. #, etc.: AUBURNDALE	Suite, Apt. #, etc.: AUBURNDALE
City & State: FLORIDA	City & State: FLORIDA
Zip: 33823 Country: POLK	Zip: 33823 Country: POLK

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3515550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PORTER, CHARLOTTE M
5621 PITCH PINE DRIVE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
Name: JOHN H. PORTER V. Pres
Street Address (P.O. Box Number is Not Acceptable): 544 STATE ROAD 559
City: AUBURNDALE FL Zip Code: 33823

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John H Porter V. Pres. DATE: 3-27-03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

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 AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S ☐ Delete	TITLE	PRES. ☐ Change ☐ Addition
NAME	PORTER, CHARLOTTE	NAME	CHARLOTTE PORTER
STREET ADDRESS	5621 PITCH PINE DRIVE	STREET ADDRESS	544 STATE ROAD 559
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	AUBURNDALE, FL. 33823
TITLE	VS ☐ Delete	TITLE	V. PRES ☐ Change ☐ Addition
NAME	PORTER, JOHN H	NAME	JOHN H PORTER
STREET ADDRESS	5621 PITCH PINE DR.	STREET ADDRESS	544 STATE ROAD 559
CITY-ST-ZIP	ORLANDO, FL 32819	CITY-ST-ZIP	AUBURNDALE, FL. 33823
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: John H Porter V. Pres. 3-27-03 407 6259866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)