2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000078621

Entity Name: PREFERRED BUILDING SOLUTIONS, INC.

FILED Apr 05, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1922 N. 4TH AVE

TAMPA, FL 33605 US TAMPA, FL 33605 US

Current Mailing Address: New Mailing Address:

1922 N. 4TH AVE TAMPA, FL 33605 US 1922 E. 4TH AVE TAMPA, FL 33605

FEI Number: 59-3530855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAHAN, RICKY
9711 GLENPOINTE DRIVE
RIVERVIEW, FL 33569

MAHAN, RICKY
2913 MOSSY TIMBER TRAIL
VALRICO, FL 33594

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.

SIGNATURE: 04/05/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: PD () Delete Title: PD (X) Change () Addition

Name: MAHAN, RICKÝ Name: MAHAN, RICKÝ
Address: 9711 GLENPOINTE DRIVE Address: 2913 MOSSY TIMBER TRAIL

City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: VALRICO, FL 33594

Title: STD () Delete Title: STD (X) Change () Addition
Name: MAHAN, NATALIE Name: MAHAN, NATALIE

Address: 9711 GLENPOINTE DRIVE Address: 2913 MOSSY TIMBER TRAIL
City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: VALRICO, FL 33594

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WISE, SUSAN
 Name:
 WISE, SUSAN

 Address:
 9711 GLENPOINTE DRIVE
 Address:
 9016 FLORA VISTA AVE.

 City-St-Zip:
 RIVERVIEW, FL 33569
 City-St-Zip:
 TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WISE VD 04/05/2002