2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000033890

1. Entity Name

VARDON STRUCTURES, INC



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90069 030 ***150.00

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| Suita, Api. 4, etc. City & State | | | | | | | |
| City & State See Required Country See Additional Find Required See Required See Required Find Regulated See Regulatered Agent Name See Addition Nome See Additional Find Regulatered Agent F | 2. Principal Place of Business | | 3. Mailing Address | | | , siide issei sesse sessi desi sees | |
| City & State City & State City & State City & State Country Zp Country Sp. 370630 Sp. 757630 | | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
| FIGURSKI, GERALD A 2435 U.S. HIGHWAY 19 STE. 350 HOLIDAY FL. 34691 City City FL City City FL City City FL City FL City City City FL City City City City FL City City City City FL City City City FL City City City City FL City | City & State | | City & State | | 4. FEI Number 59-3570630 | | |
| FIGURSKI, GERALD A 2435 U.S. HICHWAY 19 STE. 350 HOLIDAY FL 34691 6. The above named antity stamula this sistemant for the purpose of changing its registared office or registared agent or both, in the State of Florida. I am familiar with, and accept in se obligations of registared same or registared agent agent are stated in the purpose of changing its registared agent agent or both, in the State of Florida. I am familiar with, and accept in se obligations of registared same or registared agent agent are stated in process. FILE NOW!!! FEE IS 3150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SPD ORD A 643 TITLE NAME TITL | Zip | Country | Zip | Country | _5. Certificate of Status Desired | \$8.75 Additional ee Required | |
| FIGURSKI, GERALD A 2435 U.S. HICHWAY 19 STE. 350 HOLIDAY FL 34691 6. The above named entity submits this statement for the purpose of changing its registared effect or registered signature of the obligations of registered agent. SIGNATURE 6. The above named entity submits this statement for the purpose of changing its registared effect or registered effect of both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. SIGNATURE 7. Signature hybrid or priced reason of implicered agent and steri a specific price or registered effect of registered agent. 7. Signature hybrid or priced one of implicered agent and steri a specific price or registered agent or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 7. Signature hybrid or priced one of implicered agent and steri a specific price or registered agent or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 7. Signature hybrid or priced one of implicered agent and steri a specific priced agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent. 7. Signature hybrid or priced one of implicered agent and steri agent a | | 6. Name and Address of Current | Registered Agent | | | | |
| ASS U.S. HIGHWAY 19 STE. 350 HOLIDAY FL 34691 6. The above named entity submits this statement for the purpose of changing its registatered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligacions of registered agent. SIGNATURE SIGN | | | | | | | |
| City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registared office or registered agent. or both, in the State of Florids. It am familiar with, and accept the obligations of registered agent. SIGNATURE The Now!!! FEE is \$150.00 | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | |
| R. The above named onity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 | HOLIDAY FL 34691 | | | | | | |
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| Signature, prietro intrinde nameric deplitative deplitation agent as part as | | | | | | | |
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2. 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 eport 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-16-00

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R2F034 (10/02)