2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S04553

LOTT CONSTRUCTION SERV	TICES, INC.			
Principal Place of Business 429 N HENNIS RD WINTER GARDEN FL 34787 US	Mailing Address PO BOX 771316 WINTER GARDEN FL 34777-1316 US] (48)(4)(6)		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.				
City & State	City & State	4. FEI Number		

FILED
Feb 24, 2003 8:00 am
Secretary of State
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Principal Place of Business 429 N HENNIS RD PO BOX 771316 WINTER GARDEN FL 34787 US WINTER GARDEN FL 34777-1316 US		77-1316			- - -)					
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.				· · · ·		☐ CHECK HERE IF MAKING CHANGES				
City & State City & State				 .	4.	4. FEI Number 59-3036379			Applied For	
Country	Zip Cour			try	5.	Certificate of Status Desired		8.75 A	dditional	
e and Address of Current	Registere	d Agent	·		7.	Name and Address of New Re	gistered A	gent		┪
				Name						٦
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ty submits this statement fo tered agent.	r the purpo	ose of changing its	registere	ed office or regis	stered ag	gent, or both, in the State of Flor	ida. I am fa	miliar with	, and accept	1
or printed name of registered agent	and title if appli	cable. (NOTE	: Registered	d Agent signature regi	uired when r	reinstating)	DATE		<u></u>	i
!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State					1	~ —			
OFFICERS AND	DIRECTOR	RS	11.		Α[DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 11	1
HNNIE PAUL, JR. ING RIDGE DRIVE GARDEN FL 34787		☐ Delete	NAME STREE	ET ADDRESS				☐ Change	☐ Addition	
HNNIE PAUL, SR. LE GROVE DR. BARDEN FL		☐ Delete	NAME STREE	ET ADDRESS	,			☐ Change	☐ Addition	٦.
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EST AVE. ARDEN FL			STREE	ET ADDRESS			,			
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	Country and Address of Current EAST 34787 Ty submits this statement for tered agent. Or printed name of registered agent. FEE IS \$150.00 Florida Department of OFFICERS AND HING RIDGE DRIVE BARDEN FL 34787 HINNIE PAUL, SR. LE GROVE DR. GARDEN FL BELINDA F. EST AVE. BARDEN FL	PO Be WINTE US ness 3. Mail City Country 2 ip and Address of Current Registere 4. EAST 34787 Ty submits this statement for the purportered agent. 1 or printed name of registered agent and title it applies for printed name of registered agent and title it applies. PEE IS \$150.00 DEFICERS AND DIRECTOR HINNIE PAUL, JR. ING RIDGE DRIVE BARDEN FL BELINDA F. BELINDA F. BEST AVE. BARDEN FL	PO BOX 771316 WINTER GARDEN FL 347 US ness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip and Address of Current Registered Agent E, EAST 34787 Ty submits this statement for the purpose of changing its tered agent. A or printed name of registered agent and title if applicable. (NOTE If FEE IS \$150.00 D3 Fee will be \$550.00 D Florida Department of State OFFICERS AND DIRECTORS HNNIE PAUL, JR. ING RIDGE DRIVE BARDEN FL Delete HNNIE PAUL, SR. LE GROVE DR. BARDEN FL Delete Delete Delete Delete	PO BOX 77/316 WINTER GARDEN FL 34777-1316 US ness 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country Address of Current Registered Agent EAST 34787 Ly submits this statement for the purpose of changing its registered tered agent. (NOTE: Registered agent and title it applicable. (NOTE: Registered agent and title it applicable. Provided name of registered agent and title it applicable. OFFICERS AND DIRECTORS TITLE SARDEN FL HNNIE PAUL, JR. ING RIDGE DRIVE SARDEN FL 34787 Delete TITLE BELINDA F: EST AVE. SARDEN FL Delete TITLE BELINDA F: STREET SARDEN FL Delete TITLE NAME STREET S	Mailing Address PO BOX 771316 WINTER GARDEN FL 34777-1316 US Description Address Suite, Apt. #, etc. City & State Country Zip Country Description City & State Country City Systemed Agent Name Greet-Addres City Usubmits this statement for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent aignature registered agent and title if applicable. (NOTE: Registered Agent aignature registered office or registered agent and title if applicable. (NOTE: Registered Agent aignature registered agent and title if applicable. (NOTE: Registered Agent aignature registe	Mailing Address PO BOX 771316 WINTER GARDEN FL 34777-1316 US The second of the policy of the purpose of changing its registered office or registered agent. City & State City & State City Country Zip Country Zip Country Zip Country Street: Address (P.C.: Street: Address (P.C.: City City Avame Street: Address (P.C.: City City It printed name of registered agent and life it applicable. (NOTE: Registered Agent signature required when the purpose of changing its registered office or registered agent. If printed name of registered agent and life it applicable. (NOTE: Registered Agent signature required when the purpose of changing its registered office or registered agent. If FEE IS \$150.00 30 Fee will be \$550.00 50 Florida Department of State OFFICERS AND DIRECTORS 11. All HNNIE PAUL, SR. LE GROVE DR. ANAME STREET ADDRESS CITY-ST-ZP HNNIE PAUL, SR. LE GROVE DR. ANAME STREET ADDRESS CITY-ST-ZP Delete TITLE NAME STREET ADDRESS CITY-ST-ZP Delete	Mailing Address PO BOX 77316 WINTER GARDEN FL 34777-1316 US	Mailing Address PO BOX 77:136 WINTER GARDEN FL 34777-1316 US ness 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING City & State City & State City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired T. Name and Address of New Registered Agent Name Private Address of Current Registered Agent Name Private Address of Por Box Number is Not/Acceptable) City Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am factored agent and life 1 applicable If FEE IS \$150,00 Short Desired Agent	Mailing Address PO BOX 771316 WINTER GANDEN FL 34777-1316 US Suite, Apt. fl, etc.	Mailing Address PO BOX 771316 US Suite, Apt. #, etc. CHECK PERE IF MAKING CHANGES Suite, Apt. #, etc. CHECK PERE IF MAKING CHANGES Country

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:**

407-656-2112