2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54872 1. Entity Name MORNINGSTAR CONSTRUCTION, INC.					Secretary of State 01-29-2002 90072 014 ***150.00			
Principal Place of Business 9841 HEATHER LANE MIRAMAR FL 33025 2. Principal Place of Business 8526 Sw 55th PAGACE Suite, Apt. #, etc. Mailing Address 9841 HEATHER LANE MIRAMAR FL 33025 3. Mailing Address 8526 Sw 55th Suite, Apt. #, etc.				ice	DO NOT W	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	· . '¿,	
City & State City & State					4. FEI Number 65-0265140			pplied For
Zip	SVILLE , FL.	Zip Country			Not Applicable			
3260	8	32608			5. Certificate of Status Desired		Fee Require	
	6. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New	Registered A	gent	
BYINGTO								
9841 HEA	Street Address (P.O. Box Number is Not Acceptable)							
MIRAMAR								
			City		**	FL	Zip Code	e
8. The above	e named entity submits this statement for the st	>	egistered office of			Florida. 1//4/C	2/	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable				50.00	10. Election Campaign I Trust Fund Contribu			0 May Be I to Fees
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO O	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYINGTON, CARL 9841 HEATHER LANE MIRAMAR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	852	GTON CARL G SW 55th PLA VES VILLE, FL.		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME Street Adoress City-St-Zip	••	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*		•	☐ Change	☐ Addition
TITLE Name Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
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ITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with the	□ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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SIGNATURE:

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daylime Phone #