FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90070 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84394

1. Entity Name
CLS CONSTRUCTION, INC.

80045314

Principal Place of Business	Mailing Address
205 NW 22ND STREET GAINESVILLE, FL 32603-1414	205 NW 22ND STREET GAINESVILLE, FL 32603-1414

2. Principal Place of Business	3. Mailing Address
4821 NW 13th AVE	P.O. BOX 358626
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, F	City & State: GAINESVILLE, FL
Zip: 32605 Country: USA	Zip: 32635-8626 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3086093 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ, J. ROLANDO 205 NW 22ND STREET GAINESVILLE, FL 32603-1414	Name: Street Address (P.O. Box Number is Not Acceptable): 4821 NW 13th AVE City: GAINESVILLE FL Zip Code: 32605-5507

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: [signature] J. ROLANDO SANCHEZ, PRESIDENT 2-10-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PSTD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SANCHEZ, J ROLANDO	NAME	
STREET ADDRESS	205 NW 22ND STREET	STREET ADDRESS	4821 NW 13th AVE
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	GAINESVILLE, FL 32605-5507
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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] J. ROLANDO SANCHEZ 2-10-03 352-378-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #