**FILED** 

May 27, 2003 8:00 am Secretary of State

Daytime Phone #

05-27-2003 90170 012 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

V37648 DOCUMENT #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK C HUNTER, GENERAL CONTRACTOR, INC.

			GOO WE THE			
Principal Place of Business 731 NE 47TH CT. OAKLAND PARK FL 33334 US		Mailing Address 731 NE 47TH CT. OAKLAND PARK FL 33334 US				
2. Principal Place of Business		3. Mailing Address		T TORRY CHINGE WHILE BUILD BUILD BUILD GLOW GLOW GLOW	i 61611 01011 61011 1601	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0333870 Applied For Not Applicable		
Zip	Country	Zip	Country		5 Additional Required	
6. Name and Address of Current		f Current Registered Agent		7. Name and Address of New Registered Agent		
HUNTER, FRANK C. 731 NE 47TH CT. OAKLAND PARK FL 33334			Name Street Address	Name  Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	ip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Make Check Payable to Florida Department of State				\$5.00 May Be Added to Fees		
10.	<del>,</del>	ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, FRANK C. 731 NE 47TH CT. OAKLAND PARK FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	thange [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	□ c	thange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP.	. 🗆 0	hange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	on this report or supplementa	al report is true and accurate and that my	v signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that a same legal effect as if made under oath; that I am an 07, Florida Statutes; and that my name appears in Block	officer or director	