FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V4

1. Entity Name

## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91298 023 \*\*\*150.00

RIGID	SPAN	STRUCTURES	INC.	
TENENTY IN	The state of	The second of the second	THE STATE OF THE S	Charles S. Line

DO NOT WRITE IN THIS SPACE 11023976 FIVERVIEW DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65 035 66 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÙbA Fee Required Name and Address of Current Registered Agent DO NOT WRITE Street IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating January 1. May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS time and are like that it is a like the TITLE NAME STREET ADDRESS CITY-ST-ZIP 33905 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

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 on an attachment with an address with all other into the receiver of the corporation of the corporation

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITLE
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF BONNESS HAM OF SIGNING OFFICER OR DIRECTOR

4/20/03

Daytime Phone #