

2002 UNIFORM BUSINESS REPORT (UBR)

0014310 AV

DOCUMENT # P01000073840

1. Entity Name
BRIDGE BUILDERS OF CENTRAL FLORIDA INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 JAN 13 AM 9:45

Principal Place of Business Mailing Address
 6869 COLONIAL DR 6869 COLONIAL DR
 ORLANDO FL 32818 ORLANDO FL 32818



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. P.O. Box 617407
 Suite, Apt. #, etc. Suite, Apt. #, etc.

REINSTATEMENT DO NOT WRITE IN THIS SPACE

City & State City & State
 Orlando, FL Orlando, FL

Zip Country Zip Country
 32861 32861 Orange

4. FEI Number Applied For
 593729753 Not Applicable

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

6. Name and Address of Current Registered Agent
BATTLE, DELORIS
 6869 COLONIAL DR
 ORLANDO FL 32818

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip 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 *Deloris Battle* DATE 1-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
~~500009756283~~

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BATTLE, DELORIS	
STREET ADDRESS	6869 COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500009756283	
STREET ADDRESS	12/31/02--01014--013	
CITY-ST-ZIP	**750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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.

SIGNATURE: *Deloris Battle* DATE: 12-18-02 DAYTIME PHONE: 296-8902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(4/02)