

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000039864

FILED
Apr 16, 2003
Secretary of State

Entity Name: FACILITIES DESIGN & CONSTRUCTION, INC.

Current Principal Place of Business:

5111 NEPTUNE BAY CIR.
ST. CLOUD, FL 34769

New Principal Place of Business:

5536 LAKE LIZZIE DRIVE
ST. CLOUD, FL 34771

Current Mailing Address:

5111 NEPTUNE BAY CIR.
ST. CLOUD, FL 34769

New Mailing Address:

5536 LAKE LIZZIE DRIVE
ST. CLOUD, FL 34771

FEI Number: 47-0874225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKSTILL, SCOTT
5111 NEPTUNE BAY CIR.
ST. CLOUD, FL 34769

Name and Address of New Registered Agent:

STOCKSTILL, SCOTT
5536 LAKE LIZZIE DRIVE
ST. CLOUD, FL 34771

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.

SIGNATURE: SCOTT STOCKSTILL

04/16/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STOCKSTILL, SCOTT
Address: 831 N. IRMA AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STOCKSTILL, SCOTT
Address: 5536 LAKE LIZZIE DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT STOCKSTILL

DP

04/16/2003

Electronic Signature of Signing Officer or Director

Date