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2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 003203 I. Entity Name					FILED Feb 01, 2000 8:00 am Secretary of State			
WOOD-I	HOPKINS CONTRACTING CO	MPANY			02-01-2000 900	•		•
Principal Place of Business Mailing Address			·					
200-77 CENTER DRIVE UITE 100 HARLOTTE NC 28217		5200-77 CENTER DRIVE SUITE 100 CHARLOTTE NC 28217			9 1 1 9 1 8			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPA	ACE	
*City & Sta	e	City & State	····	4. FE	59-051601	0		plied For
Zip	, Country	Zip	Country	5. C	ertificate of Status Desired		3.75 Add e Required	
<u> </u>	6. Name and Address of Current	Registered Agent	Name	7. Na	ame and Address of New F	Registered Age	ent	·
	CORPORATION SYSTEM		Street Add	dress (P.O. Bo	x Number is Not Acceptable	e)		
	O S PINE ISLAND RD NTATION FL 33324	•						
	••		City	 .		- FL	Zip Code	9
3. The above	named entity submits this statement fo	r the purpose of changing its	registered office or re	egistered age	nt, or both, in the State of Fi			
			-					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Agent signature	required when rem	istating)	DATE		
9. This corp Tax filing	Signature, typed or printed name of registered agent operation is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	!!! FEE IS \$150.00	0.00 💝 🕒	nstating) 10. Election Campaign Fi Trust Fund Contributio	nancing _		O May Be
9. This corporate filling (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Peyal	!!! FEE IS \$150.00	0.00 of State	10. Election Campaign Fi	nancing on	Added	to Fees
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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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date