2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # 510631** MARDANT ELECTRICAL CONSTRUCTION COMPANY, INC. 02-14-2000 90032 048 ***150.00 Principal Place of Business Mailing Address 8967 PHILLIPS HIGHWAY 8967 PHILLIPS HIGHWAY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-1303 811603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1686478 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARDANT, CHARLES G. Street Address (P.O. Box Number is Not Acceptable) 1365 WENTWORTH AVENUE JACKSONVILLE FL 32259 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. STD TITLE ☐ Delete Addition MARDANT, JOYCE G. 1365 WENTWORTH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change Addition TITLE TITLE MARDANT, CHARLES G. NAME NAME STREET ADDRESS 1365 WENTWORTH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-7!P JACKSONVILLE FL XX Delete TITLE TITLE ☐ Change ☐ Addition Ferretra, Ronald/G. 🐣 NAME NAME 4729 ROYAL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 the 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,

CITY-ST-ZIP

SIGNATURE: JOYCH DE AND MARDIANTED NAMES ECIRETARY TO TREASURER DIRECTOR

CITY-ST-ZIP

FEBRUARY 8,2000 (904) 363-0200