2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2001 08:00 AM G70003 DOCUMENT # 1. Entity Name **Secretary of State** OXLEY & BRANNON CONSTRUCTION CONSULTANTS, INC. Principal Place of Business Mailing Address 475 CENTRAL AVE. SUITE 200 475 CENTRAL AVE. SUITE 200 ST. PETERSBURG FL ST. PETERSBURG FL 33701 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2242935 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN RICHARD 1201 MONTICELLO BLVD. NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL33703 US 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. SIGNATURE 01/24/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DV TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME BRANNON PATRICK NAME BRANNON PATRICK 243 79TH ST. S. STREET ADDRESS STREET ADDRESS 8343 37TH AVENUE NORTH FL 33707 CITY-ST-ZIP ST. PETERSBURG ST. PETERSBURG CITY-ST-ZIP DPS ☐ Delete TITLE ☐ Change NAME OXLEY, JOHN RICHARD NAME STREET ADDRESS 1201 MONTICELLO BLVD. NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33073 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

01/24/2001

Daytime Phone #

Date

SIGNATURE: __John R. Oxley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR