FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # J28009 CUNNINGHAM & DURRANCE CONSULTING ENGINEERS, INC.** 02-08-2001 90147 011 ***158.75 Principal Place of Business Mailing Address 400 EXECUTIVE CTR. DR. 400 EXECUTIVE CTR. DR. STE. 108 SUITE 108 W. PALM BCH. FL 33401 W. PALM BCH, FL 33401 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 59-2717673 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 Name DURRANCE, DALLAS H Street Address (P.O. Box Number is Not Acceptable) 400 EXECUTIVE CTR. DR. STE. 108 W. PALM BCH. FL 33401 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 Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. SD TITLE ☐ Delete ☐ Addition TITLE Change DURRANCE, DALLAS H., III NAME NAME STREET ADDRESS 4296 DAWNRIDGE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BCH GARDENS FL ☐ Addition TITLE ☐ Delete TITLE Change CUNNINGHAM, STUART H. NAME NAME CUNNINGHAM, STUART H. 117 SANTIAGO ST. STREET ADDRESS STREET ADDRESS 1300 MANOR DRIVE CITY-ST-ZIP ROYAL PALM BCH FL CITY-ST-ZIP RIVIERA BEACH, FL. TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: DALLAS H. DURRANCE, III SEC'Y/DI

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-689-5455

Date

Daytime Phone #