2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K59105** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name RUNDLE CONSTRUCTION, INC. 01-19-2000 90255 026 ***150.00 Mailing Address Principal Place of Business 4604 LITHIA SPRINGS BLVD 4604 LITHIA SPRINGS BLVD LITHIA FL 33547-1729 LITHIA FL 33547 1 4 4 4 4 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2927636 Not Applicable Zip Country Zip 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 RUNDLE, BRUCE J. Street Address (P.O. Box Number is Not Acceptable) 4604 LITHIA SPRINGS BLVD LITHIA FL 33547 Zip Code City 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE RUNDLE, BRUCE J. NAME NAME STREET ADDRESS 4604 LITHIA SPRINGS RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LITHIA FL Change ■ Addition ☐ Delete TITLE TITLE RUNDLE, BONNY JO NAME NAME 4604 LITHIA SPRINGS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITHIA FL ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE □ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP



1-10-00 813-689-4199