2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 23, 2000 8:00 am Secretary of State **DOCUMENT # L20336** 1. Entity Name HULS ENGINEERING AND CONSTRUCTION, INC. 05-23-2000 90242 032 ***150.00 Principal Place of Business Mailing Address % ELIZABETH L. HULS % ELIZABETH L. HULS 9620 171ST RD N 9620 171ST RD N JUPITER FL 33478 JUPITER FL 33478-2215 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. EÉL Number City & State 65-0153421 Not Applicable Country. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HULS, ELIZABETH L. Street Address (P.O. Box Number is Not Acceptable) 9620 171ST RD N JUPITER FL 33478 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 (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 \$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. 12. ☐ Change ■ Addition ☐ Delete TITLE TITLE HULS, ELIZABETH L. NAME STREET ADDRESS STREET ADDRESS 9620 171ST:RD N CITY-ST-ZIP CITY-ST-ZIP Jupiter FL ☐ Addition Delete ☐ Change TITLE TITLE HULS, RALPH M. NAME NAME STREET ADDRESS STREET ADDRESS 9620 171ST RD N CITY-ST-ZIP CITY-ST-ZIP Jupiter fl ☐ Addition . Change ---☐ Delete TITLE PATRICK, MEGAN T. NAME STREET ADDRESS 3829 SW ST LUCIE SHORES DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL ☐ Addition Change TITLE ☐ Defete TITLE HULS, C. GRAHAM NAME NAME 9576 171ST ROAD N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 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.

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