2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

SIGNATURE:

FILED May 15, 2001 8:00 am Secretary of State **DOCUMENT # L39256** A.G. PIFER CONSTRUCTION CO., INC. 05-15-2001 90172 050 ***150.00 Principal Place of Business Mailing Address 3629 OLD DELAND RD 3629 OLD DELAND RD DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 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 59-2986219 Not Applicable \$8:75-Additional-5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIFER, ANTHONY G. Street Address (P.O. Box Number is Not Acceptable) 1771 FOELKER PIFER **DELAND FL 32724** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TIŤLE ☐ Delete TITLE PIFER, ANTHONY G. NAME NAME STREET ADDRESS 1771 FOELKER RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELAND FL 32724 Change ☐ Addition ☐ Delete TITLE PIFER, GEORGE M. NAME NAME 201 VILLA ELENA LANE #48 STREET ADDRESS STREET ADDRESS BERNALILLO NM 87004 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE PIFIER, ALICE R NAME NAME 1703 MAGNOLIA AVE LOT 4A STREET ADDRESS STREET ADDRESS S DAYTONA FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information nat my agnature shall have the same legal effect as if made under oath; that I am an officer or director port as regular by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualified indicated on this report or supplemental report is true and accuracy and of the corporation or the receiver or truste