2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2001 08:00 AM P00000077538 DOCUMENT # Entity Name **Secretary of State** DIVERSIFIED CONSTRUCTION SYSTEMS, INC. Principal Place of Business Mailing Address 221 S.W. 5TH STREET 251 S.E 9TH COURT POMPANO BEACH FL POMPANO BEACH FL33060 33060 2. Principal Place of Business 3. Mailing Address 221 S.W. 5TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For POMPANO BEACH 65-1036198 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 MARSHALL LAWRENCE D 251 S.E. 9TH COURT Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL33060 US City 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. LAWRENCE DENNIS MARSHALL JR. 02/05/2001 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$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 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) KATHLEEN R MAME KEARNS NAME 251 S.E. 9TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Delete P TITLE ☐ Change NAME MARSHALL LAWRENCE D NAME STREET ADDRESS 251 S.E. 9TH COURT STREET ADDRESS POMPANO BEACH CITY-ST-ZIP FL 33060 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.

02/05/2001

Daytime Phone #

Date

SIGNATURE: __Lawrence Dennis Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR