FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State DOCUMENT # P01000080640 1. Entity Name 05-15-2002 90148 003 ***150.00 ADULAM CONSTRUCTIONS, INC. Principal Place of Business Mailing Address 3321 PINE HILLS RD 3321 PINE HILLS RD 902442 ORLANDO FL 32808 ORLANDO FL 32808 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 59-3736734 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 /illalobos==tedfo= RUIZ. LUIS Street Address (P.O. Box Number is Not Acceptable) 710 CEDAR FOREST CIRCLE ORLANDO FL 32828 3321 N. Pine Hills Rd Zip Code **3 み**80 を 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 ed 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will the \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete TITLE TITLE Change ☐ Addition CR2E034 (9/01 NAME RUIZ. LUIS villalobos, Pedro NAME 710 CEDAR FOREST CIRCLE STREET ADDRESS 3321 N. Pine Hills Rd STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-7IP Orlando, FI 32808 TITLE VITIS ☐ Delete TITLE Change ☐ Addition Villalobos, Karyann NAME VILLALOBOS, PEDRO NAME 3321 N. Pine Hills Rd STREET ADDRESS 3321 PINE HILLS RD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP Orlando, FI 32808 TITLE Delete TITLE ☐ Change ☐ Addition NAME VILLALOBOS, KARYANN NAME STREET ADDRESS 3321 PINE HILLS RD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BATISTA, ARELIS NAME STREET ADDRESS 710 CEDAR FOREST CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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

SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

like empowered.

changed, or on an attachment with an address