## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700064796 Jan 24, 2000 8:00 am 1. Entity Name Secretary of State GULICK AND MCDANIEL CONSTRUCTION, INCORPORATED 01-24-2000 90073 050 \*\*\*150.00 Principal Place of Business Mailing Address 1270 N WICKHAM RD 4165 N DOW RD UNIT 36 STE 16-101 MELBOURNE FL 32935 MELBOURNE FL 32935-8923 UUUUUV~ 3. Mailing Address 2. Principal Place of Business 4155 Dow Rd 4155 Dow Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ite, Apt. #, etc. Unit2 4. FEI Number Applied For State 59-3459893 Not Applicable Country \$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 GOFF, BELINDA Box Number is Not Acceptable) 4165 DOW RD. UNIT 36 **MELBOURNE FL 32935** for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 14 1 J 5 T ☐ Addition ☐ Change TITLE ☐ Delete TITLE GULICK: DOUGLAS C. NAME NAME STREET ADDRESS 1062 HOLLAND ST STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE MCDANIEL, ROY NAME 1399 HELLIWELL ST NE STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition Delete TITLE TITLE GOFF. BELINDA NAME NAME 1062 HOLLAND ST STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE MCDANIEL, BRYNEL NAME NAME 1399 HELLIWELL ST NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP Change Addition TITLE Delete TITLE

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 a signature like empowered.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MUIRED

☐ Delete

Bolinda P. Goff

1/20/2000 407-752

☐ Change

☐ Addition