2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State DOCUMENT # P99000007920 SOUTHEAST CONSTRUCTION INSPECTION SERVICES, INC. 05-07-2001 90057 037 ***150.00 Principal Place of Business Mailing Address 4209 U.S. 90 WEST 4209 U.S. 90 WEST LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address 32905 Indian Woods Dr 32905 Indian Woods Or DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3558767 eesburg Pesburo Not Applicable \$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 BOWYER, HARRY 1849 NW C.R. 138 **BRANFORD FL 32008** 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) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) · TITLE Delete TITLE BOWYER, BONNIE NAME NAME 32905 Indian Woods Drive STREET ADDRESS 1849TH CT 138 STREET ADDRESS Leesburg FL 34788 CITY-ST-7IP **BRANFORD FL 32008** CITY-ST-ZIP TITLE ☐ Delete BOWYER, HARRY NAME NAME 32905 Indian Woods Drive STREET ADDRESS 1849 N.W. C.R. 138 STREET ADDRESS CITY-ST-ZIP **BRANFORD FL 32008** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

11.