2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State P99000014326 **DOCUMENT #** 07-16-2002 90347 019 ***158.75 1. Entity Name PBG CONSTRUCTION, INC. Principal Place of Business Mailing Address 3314 ED DODD TRAIL C/O PTC WORLD WIDE GAINESVILLE GA 30506 1367 S. UNIVERSITY PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 3546 Thompson Bend DO NOT WRITE IN THIS SPACE saine S City & State Gity & State 4. FEI Number Applied For G4 menos 65-0906634 Not Applicable Country Zip Country 30506 \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent PTC WORLD WIDE, INC. Street Address (P.O. Box Number is Not Acceptable) 1367 S. UNIVERSITY DR PLANTATION FL 33324 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. SIGNATURE 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 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE □ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01) **GUPTILL, PETER B** NAME NAME STREET ADDRESS 3314 ED DODD TRAIL STREET ADDRESS CITY-ST-ZIP **GAINESVILLE GA 30506** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GUPTILL, LAURA A NAME STREET ADDRESS 3314 ED DODD TRAIL STREET ADDRESS CITY-ST-ZIP **GAINESVILLE GA 30506** CITY_\$1, 7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ 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

FILED