2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90140 018 ***158.75

DOCUMENT # P99000081828

1. Entity Name
~~D.A. PATTERSON CONSTRUCTION INC.~~
GROUP ONE CONSTRUCTION INC.

Principal Place of Business	Mailing Address
6574 N. ST. RD. 7. STE. 164 COCONUT CREEK FL 33073	6574 N. ST. RD. 7. STE. 164 COCONUT CREEK FL 33073

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
9413 BOCA COVE CIR.		6574 N. ST. RD. 7	
Suite, Apt. #, etc.: # 1102		Suite, ~~Apt. #, etc.~~: 164	
City & State: BOCA RATON FL.		City & State: COCONUT CK FL	
Zip: 33428	Country: USA	Zip: 33073	Country: USA

4. FEI Number 65-0896141 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, DOUGLAS 6574 N. ST. RD. 7, STE. 164 COCONUT CREEK FL 33073	Name: DOUGLAS PATTERSON. Street Address (P.O. Box Number is Not Acceptable): 9413 BOCA COVE CIR # 1102 City: BOCA RATON FL Zip Code: 33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ 3/4/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, DOUGLAS 6574 N STATE ROAD 7, #164 COCONUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/4/03 954-444-1788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)