FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90157 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20895

1. Entity Name
R W B CONSTRUCTION, INC.

90131427

Principal Place of Business	Mailing Address
6316 SAN JUAN AVE 15-C JACKSONVILLE, FL 32210	6316 SAN JUANA AVE. SUITE 15-C JACKSONVILLE, FL 32210

2. Principal Place of Business	3. Mailing Address
7536 JANA LANE N.	PO BOX 7175
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: JACKSONVILLE, FL.	City & State: JACKSONVILLE, FL.
Zip: 32210 Country: DUVAL	Zip: 32238-0175 Country: DUVAL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3038771 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENJAMIN, ROBERT W.
7536 JANA LANE NORTH
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable)
City — FL — 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert W. Benjamin — ROBERT W. BENJAMIN — 5-1-03
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	P BENJAMIN, ROBERT W 7536 JANA LANE N. JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Robert W. Benjamin — 5/1/03 — (904)859-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #