2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000046683 May 20, 2000 8:00 am Secretary of State 1. Entity Name C.G. SutherlaND General Contractor, Inc. 05-20-2000 90001 030 ***150.00 Principal Place of Business Mailing Address 5695 Beggs Road± 5695 Beggs Road Suite B-100 Suite B-100 Orlando, FL 32810 Orlando, FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3587516 Not Applicable Zip Country 2:p Country \$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 Harkley R. Thornton, Esq. Street Address (P.O. Box Number is Not Acceptable) 5695 Beggs Road, Suite B-100 City Zip Code <u>Orlando</u> 32810 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, typed or printed name (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, 2000 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE 📆 Delete X X dition NAME NAME C.G. Sutherland STREET ADDRESS STREET ADDRESS 5695 Beggs Road, Suite B-100 Orlando, FL 32810 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition V,S,T NAME NAME Thornton, Stacy STREET ADDRESS STREET ADDRESS 5695 Beggs Road, Suite B-100 CITY-ST-ZIP CITY-ST-7IP Orlando, FL 32810 TITLE ☐ Delete TITLE XX hange ☐ Addition NAME NAME inor din diare STREET ADDRESS STREET ADDRESS 695 Biggs Rian Stra R-IU CITY - ST - ZIP CITY-ST-ZIP Orlando, Eu ☐ Defete 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 ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this fitting 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

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