2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 208623 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name WARD RIDGE CONSTRUCTION COMPANY, INCORPORATED 04-21-2000 90149 028 ***150.00 Mailing Address Principal Place of Business 1331 W. CENTRAL BLVD. 1331 W. CENTRAL BLVD. ORLANDO FL 32805-1755 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-0837405 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAL, TROY M., JR. Street Address (P.O. Box Number is Not Acceptable) 1331 W. CENTRAL BLVD. ORLANDO FL 32805 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) DATE 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 ĽX. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CP ☐ Change ___ Addition TITLE ☐ Delete TITI F DEAL, TROY M., JR. NAME NAME STREET ADDRESS 1331 W. CENTRAL BLVD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-7tP ☐ Change Addition ☐ Delete TITLE TITLE FOX, STEPHEN M. NAME STREET ADDRESS STREET ADDRESS 1331 W. CENTRAL BLVD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITI F TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

Stephen M. Fox, Secretary/Treasurer

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-849-6420