2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Seal, President-Treasurer

SIGNATURE AND TYPED OR PRINTEENAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2001 8:00 am Secretary of State **DOCUMENT # 319689** 1. Entity Name 05-16-2001 90052 042 ***150.00 D. I. C. COMMERCIAL CONSTRUCTION CORP. Mailing Address Principal Place of Business 5260 SW 8 ST PO BOX 19388 ひしいだいじ PLANTATION FL 33317 PLANTATION FL 33318 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1212519 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEAL, RUSSELL R. JR. Street Address (P.O. Box Number is Not Acceptable) 2591 SE MARSEILLE ST PT ST LUCIE FL 34952 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (10/00) Change PTD ☐ Delete TITLE TITLE NAME NAME SEAL, ROGER E. STREET ADDRESS STREET ADDRESS 5260 SW 8TH ST CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 00000 ☐ Addition Change ☐ Delete TITLE NAME SEAL, RUSSELL R. JR. STREET ADDRESS STREET ADDRESS 2591 SE MARSEILLE ST CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34952 ☐ Addition Change ☐ Delete ~ - ~ TITLE SD--TITLE NAME NAME SEAL, MARY STREET ADDRESS STREET ADDRESS 2591 SE MARSEILLE ST CITY-ST-7IP CITY-ST-ZIP PT ST LUCIE FL 34952 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Daytime Phone #

FILED