2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 347299** 1. Entity Name VENABLE BUILDERS, INC. 02-08-2001 90373 038 ***150.00 Mailing Address Principal Place of Business 738 NASSAU RD 738 NASSAU RD P.O. BOX 576 P.O. BOX 576 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1286126 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired ree Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VENABLE, JAMES M., JR. Street Address (P.O. Box Number is Not Acceptable) **SUITE 210** 2955 PINEDA CAUSEWAY MELBOURNE FL 32940 Zip Code City FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE NAME VENABLE, JAMES M., JR. NAME STREET ADDRESS STREET ADDRESS 738 NASSAU RD CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL Change ☐ Addition ☐ Delete TITI F VSD TITLE NAME VENABLE, CHARLES M. NAME STREET ADDRESS STREET ADDRESS 738 NASSAU RD CITY-ST-7IP CITY-ST-ZIP COCOA BEACH FL Change ☐ Addition TITLE ☐ Delete TITLE VENABLE, ELIZABETH C. NAME NAME STREET ADDRESS STREET ADDRESS 738 NASSAU RD CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME DUBROUILLETT, CYNTHIA A. STREET ADDRESS STREET ADDRESS 738 NASSAU RD CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 tystee 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 a progress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR