## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 353477** 1. Entity Name DEGOUW & SONS, INC. 04-26-2001 90111 045 \*\*\*150.00 Principal Place of Business Mailing Address 3001 SCANLAN AVENUE 3001 SCANLAN AVENUE LAKE WORTH FL 33461 LAKE WORTH FL 33461 C0052606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1274100 Not Applicable Ζiρ 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 Name DEGOUW JR, HENRY H Street Address (P.O. Box Number is Not Acceptable) 16871 HOLLOW TREE LANE LOXAHATCHEE FL 33470 City 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, SVD TITLE ☐ Delete TITLE Change Adoition DEGOUW JR, HENRY H NAME NAME STREET ADDRESS 16871 HOLLOW TREE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LOXAHATCHEE, FL 00000 TITLE Delete TITLE Change Addition DEGOUW, EDWARD R NAME NAME 7800 PINE TREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE CLARKE SHORES FL 33406 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete 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 CITY-ST-ZiP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME

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 eath; 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.

STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7\P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R. DE GOWW, Parsidant 04/21/2001 (561) 967-1121

Daytme Phone #

CR2E034 (10/00)