FILED

2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # 354396 1. Entity Name WOODWARD CONSTRUCTION COMPANY OF BROWARD, INC. | | | | | | Feb 24, 2002 8:00 am Secretary of State 02-24-2002 90008 031 ***150.00 | | | |
|--|---|---|--|-----------------------|---|--|---------------|-----------------|--|
| Principal Place of Business 3801 SW 136TH AVE MIRAMAR FL 33027 US | | Mailing Address 3801 SW 136TH AVE MIRAMAR FL 33027 US | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | - T SPRING WIND DUMY BIDGE THUS LEVIN DAN BYRNY RIZIN DIDIN BURIN DIDIN BURIN 18881 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4 . f | FEI Number 59-1346880 Applied For Not Applicable | | | | |
| Zip Country | | Zip Country | | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. 1 | Name and Address of New Registered | Agent | | |
| WOODWARD, RALPH RAY 3801 SW 136TH AVE | | | 1 | Name Street Addres | s (P.O. Box Number is Not Acceptable) | | | | |
| MIRAMAR | FL 33027 | | City | | | FL | Zip Code | e | |
| Tax filing r (See criter | Signature, typed or printed name of registered agenoration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW! After May 1, 20 Make Check Payat | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta | | | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 11. TITLE NAME STREET ADDRESS CHY-ST-ZIP | P WOODWARD, RALPH RAY 3801 SW 136TH AVE MIRAMAR FL | Delete | | l | AL | DOTTIONS/CHANGES TO OFFICERS AN | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Change | ☐ Addition (| |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | l | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | l | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | l | | | ☐ Change | ☐ Addition | |
| indicated of the cor | l on this report or cumplemental report i | is true and accurate and that r powered to execute this report | my signat as requi | ure shall have th | വെടെ വ | 119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I ida Statutes; and that my name appears | am an officer | or airector - u | |

Ralph-Ray Woodward 2/8/02 Date Daytime Phone #