2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 01, 2001 8:00 am Secretary of State **DGCUMENT # 364549** TEW CONSTRUCTION CO INC 02-01-2001 90165 016 ***150.00 Principal Place of Business Mailing Address P O BOX 507 P O BOX 507 CRESTIVEW FL 32536 CRESTIVEW FL 32536 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1374609 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEW, GORDON M Street Address (P.O. Box Number is Not Acceptable) 3096 COLONIAL CIR CRESTVIEW FL 32536 City Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** (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 OFFICERS AND DIRECTORS 12. 11. STD Change ☐ Addition Delete TIT: F TITLE TEW. VIRGINIA L. NAME NAME STREET ADDRESS STREET ADDRESS 3096 COLONIAL CIRCLE CITY-ST-7IP CITY-ST-ZIP **CRESTVIEW FL** ☐ Change ☐ Addition TITLE Delete TITLE NAME TEW, GORDON M. NAME STREET ADDRESS 3096 COLONIAL CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL VPD** TITLE Delete TITLE "~ ☐ Change - ☐ Addition-TEW. AARON M.S. NAME STREET ADDRESS 5421 MONTERREY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL. **VPD** ☐ Delete TITLE Change Addition NAME TOOLAN, JERI TEW NAME STREET ADDRESS STREET ADDRESS 3096 COLONIAL CIRCLE CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 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.

850-681-5422

FILED

Daytime Phone #