√2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 364575** 1. Entity Name CHAPMAN CONTRACTING COMPANY 02-06-2001 90046 020 ***150.00 Principal Place of Business Mailing Address 9550 E. COLUMBUS DR 9550 E. COLUMBUS DR **TAMPA FL 33619 TAMPA FL 33619** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1294499 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAPMAN, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 9550 E. COLUMBUS DR, SUITE B **TAMPA FL 33619** 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 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 \$5.00 May Be 10. Election Campaign Financing 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. ☐ Addition TITLE Change ☐ Delete TITLE CHAPMAN, ROBERT E NAME NAME STREET ADDRESS **4512 COUNTRY GATE COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VALRICO FL ☐ Addition Change TITLE ☐ Delete Chapman, Morgan 129 HollyTree Hane CHAPMAN, MORGAN NAME NAME STREET ADDRESS STREET ADDRESS 508-CHASTAIN ROAD CITY-ST-ZIP CITY-ST-7IP SEFFNER-FL-☐ ·Addition · ☐ Delete TITLE Change VANDERHOOK, RICHARD W NAME NAME 4435 AVENUE CANNES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition TITLE ☐ Delete TITLE Change MYERS, HOLLY H NAME NAME STREET ADDRESS STREET ADDRESS 6529 KING PALM WAY CITY-ST-ZIP CITY-ST-ZIP APOLLO BCH FL TITLE S ☐ Delete TITLE Change ■ Addition NAME BENNETT, JANE NAME STREET ADDRESS 2401 CROSBY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Addition ☐ Delete TITLE Change TITLE CHAPMAN, NICHOLAS E NAME NAME STREET ADDRESS STREET ADDRESS 17320 DORMAN RD CITY-ST-ZIE CITY-ST-ZIP LITHIA FL 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.

FILED

SIGNATURE: Now 1/2 Construction Signature and type or printegrams of signing officer or director

Signature and type or printegrams of signing officer or director

Date (8/3) (621-246')