FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am **DOCUMENT # 370818 Secretary of State** 1. Entity Name WILT CONSTRUCTION CORP. 03-01-2001 90012 039 ***150.00 Principal Place of Business Mailing Address 1033 SE 14TH CT 1033 SE 14TH CT DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Mailing Address 149 NE 5 AVG DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1319183 Not Applicable each 33 44 Country \$8.75 Additional 5. Certificate of Status Desired IJ SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -UCENC WILT, EUGENE T Street Address (P.O. Box Number is Not Acceptable) 1033 SE 14TH COURT 149NE 541B DEERFIELD BEACH FL 33441 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 DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PDS** TITLE ☐ Addition 3JT1T Delete With EREENE T 149 NE SAVE Dendield Brack, FL NAME WILT, EUGENE T. NAME STREET ADDRESS 1033 SE 14TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP 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 ather like empowered

P.Wilt 2/1/01

Daytime Phone #