2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State 381752 DOCUMENT # 1. Entity Name 03-28-2002 90362 015 ***150 00 THE ALLEN MORRIS CONSTRUCTION COMPANY Principal Place of Business Mailing Address 1000 BRICKELL BLDG. STE 1200 1000 BRICKELL BLDG. STE 1200 MIAMI FL 33131 MIAMI FL 33131 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 59-1362057 Not Applicable Zip Country 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 MORRIS. W. ALLEN Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE 1200 MIAMI FL 33131-0014 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE Delete TITI F Change Addition NAME WHITE, PAUL NAME STREET ADDRESS 1000 BRICKELL AVE 1200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP AS A. Delete TITLE TITLE Change ☐ Addition NAME COLLINS, DIANE C NAME STREET ADDRESS 1000 BRICKELL AVE 1200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Delete Change CD TITLE ☐ Addition MORRIS W. ALLEN NAME MORRIS, W. ALLEN 1000 BRICKELL AVE 1200 STREET ADDRESS 1000 BRICKELL AVE 1200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRAHAM, DALE L NAME STREET ADDRESS 1000 BRICKELL AVE 1200 STREET ADDRESS CITY-ST-7IP MIAMI FL 33131 CITY-ST-7IP TITLE VSD Delete TITLE ☐ Change Addition. M. NOEL COMMORS DAVIS, BILL G NAME 1000 BRICKELL AVE 300 STREET ADDRESS 1000 BRICKELL AVE 1200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIE MIAMI FL 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

OFFICER OR DIRECTOR Daytime Phone #

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: