## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am **DOCUMENT # 404448 Secretary of State** LUDLUM CONSTRUCTION CO., INC. 03-01-2000 90033 041 \*\*\*150.00 Principal Place of Business Mailing Address :020 SW GROVE ST. 10 CENTRAL PARKWAY SUITE 440 -:-- CITY FL 34990 STUART FL 34994-5903 2. Principal Place of Business 3. Mailing Address 3050 SE 10.BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-1413673 Not Applicable \$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 James SCHWARZ, JAMES K Street Address (P.O. Box Number is Not Acceptable) 10 CENTRAL PARKWAY **STE 440** STUART FL 34994 STUART 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Delete TITLE TITLE JAMES K. Schwanz SCHWARZ, JAMES K 3050 SE Dixie Hwy 10 CENTRAL PARKWAY, STE 325 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP VART. CEO, T, S CONWAY, JAMES CEO Addition ☐ Delete CONWAY, JAMES NAME 3050 SE DIXIE HWY 10 CENTRAL PARKWAY, STE 440 STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP STUART, FI34997 CITY-ST-ZIP Addition TITLE Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2000 561-287-2378

Daytime Phone #