2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 462710** RYAN CONSTRUCTION, CO 01-30-2001 90207 024 ***150.00 Principal Place of Business Mailing Address 11412 COLONY HILL DR. 11412 COLONY HILL DR. SEFFNER FL 33584 SEFFNER FL 33584 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 59-1561792 Not Applicable Zip Country Zip 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 ROQUE, RAUL Street Address (P.O. Box Number is Not Acceptable) 2022 1/2 E. 7TH AVE. TAMPA FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE TITLE Change RYAN, DEAN NAME STREET ADDRESS 11412 COLONY HILL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME RYAN, MARY NAME STREET ADDRESS 11412 COLONY HILL DRIVE STREET ADDRESS CITY-ST-ZIP SEFFNER FL CITY-ST-ZIP VD.~~ ∙ 💶 . 👡 🛄 Change ☐ Addition -TiTLE----TITLE ☐ Delete - -SCHNITLER, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 1412 COLONY HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #