2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # 526370** 1. Entity Name TAYLOR PAVING, INC. 05-03-2001 91105 014 ***150.00 Mailing Address Principal Place of Business 5800 TAYLOR ROAD 5800 TAYLOR ROAD NAPLES FL 33942 NAPLES FL 33942 3. Mailing Address / 96 / KRAPE K Suite, Apt. #, etc. 2. Principal Place of Business 1961 KAAPE RU. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State NAMICS PL 4. FEI Number 59-1736652 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired _ _ _ Fee Required 3 41・レー 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) TAYLOR, ROBERT V 1961 KRAPE RD. NAPLES FL 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. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITI F ☐ Delete TITLE TAYLOR, ROBERT V NAME NAME STREET ADDRESS 1961 KRAPE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL Change ☐ Addition TITI F TAYLOR, JUNE S NAME NAME 1224 FRANK WHITEMAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ___ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

3. 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: X Rabet V Jak

14-28-941-313-4797 Date Date Dayline Phone #