2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # 531140** 05-17-2001 90389 029 ***150.00 W.A. GROTHE BUILDERS, INC. Mailing Address Principal Place of Business 5842 TRINITY LANE UFUJDJAZ 5842 TRINITY LANE ORLANDO FL 32839-4013 ORLANDO FL 32839-4013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1739966 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent garanta and analysis GROTHE, WOLFRAM A. Street Address (P.O. Box Number is Not Acceptable) **5842 TRINITY LANE** ORLANDO FL 32839 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME GROTHE, WOLFRAM A. STREET ADDRESS STREET ADDRESS 5842 TRINITY LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE VSD ☐ Delete TITLE NAME GROTHE, BEVERLY A. NAME STREET ADDRESS STREET ADDRESS **5842 TRINITY LANE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE GROTHE, EVAN G. NAME STREET ADDRESS STREET ADDRESS **5842 TRINITY LANE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change Addition ☐ Delete TITLE 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 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

WOLFRIM A. GROTHE 4-29-01
NG OFFICER OR DIRECTOR

Date

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FILED