2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 547533** Jan 19, 2000 8:00 am Secretary of State 1. Entity Name COASTAL CONSTRUCTION OF BREVARD, INC. 01-19-2000 90244 008 ***150.00 Mailing Address Principal Place of Business P O BOX 1077 1222 N HARBOR CITY BLVD MELBOURNE FL 32902-1077 MELBOURNE FL 32935 100140 3. Mailing Address 1222 N. Harbor City Blvd. 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FE! Number Applied For City & State 59-1769988 Melbourne, FL Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32935 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICE, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 1222 NORTH HARBOR CITY BLVD **MELBOURNE BEACH FL 32935** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE RICE, JOHN B. NAME NAME 3066 RIO BONITA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE OUTLAW, BEVILLE S. JR. NAME NAME 616 HIBISCUS TRAIL STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL CITY-ST-ZIP CITY-ST-7/8 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of 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 dustee 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:

Down B. Rice, P.E., President 1/12/2000 407-254-1099

SIGNATURE: SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daytime Phone #

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