FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 06, 2002 8:00 am Secretary of State DOCUMENT # 553139 1. Entity Name 08-06-2002 90130 045 ***550.00 CENTURY STEEL BUILDINGS, INC. Principal Place of Business Mailing Address 1715 OSCEOLA ST 1715 OSCEOLA ST JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 1949 TERSEY 1949 JERSEY St 4. FEI Number Applied For 59-1796326 JACKSONVILLE Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32210-2033 DUVII Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EWER, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 1715 OSCEOLA ST JACKSONVILLE FL 32204 Zip Code 322/0 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME EWER, LINDA P NAME 1949 JERSEY St. JACKSONVILLE FL 32210-2033 ;R2E034 STREET ADDRESS STREET ADDRESS 1715 OSCEOLA ST CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP TITI F Delete TITI F NAME NAME WILLIAM S. EWER STREET ADDRESS STREET ADDRESS 2258 RIVERSIDE AVE. CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition 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 apaleress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #