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FILED

Jan 23, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # 556828 01-23-2003 90198 034 ***150.00 1. Entity Name KOLAR CONTRACTING COMPANY, INC. Principal Place of Business Mailing Address 36 SEA MARSH ROAD 36 SEA MARSH ROAD AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 59-2068954 Not Applicable Zip Country 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 KOLAR, RONALD E. Street Address (P.O. Box Number is Not Acceptable) 36 SEA MARSH ROAD FERNANDINA BEACH FL 32034 City Zip Code 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 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (10/02) TITLE ☐ Delete TITLE NAME NAME KOLAR, RONALD E. STREET ADDRESS STREET ADDRESS 36 SEA MARSH ROAD CITY-ST-ZIP AMELIA ISLAND FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE **VD** NAME KOLAR, ALAN E. STREET ADDRESS STREET ADDRESS 36 SEA MARSH RD. CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND_FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KOLAR, JANET H. STREET ADDRESS STREET ADDRESS 36 SEA MARSH ROAD CITY-ST-ZIP CITY-ST-7IP AMELIA ISLAND FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME Kolar, Eric S. STREET ADDRESS STREET ADDRESS 36 SEA MARSH ROAD CITY-ST-ZIP CITY-ST-ZIP amelia island fl ☐ Delete TITLE DITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 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

1/21/03

904/261-7976

Daytime Phone #