FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Jan 13, 2000 8:00 am Secretary of State **DOCUMENT # 579627** ELITE CONTRACTING, INC. 01-13-2000 90008 025 ***150.00 Principal Place of Business Mailing Address 1921 PEBBLE BEACH CT PEODLE DEACH CT F FL 04200 VENICE FL 34275-2036 C0002226 2. Principal Place of Business 3. Mailing Address 2014. PALNETTO RO. W. 201 A. PALMETTO RD W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1851455 Not Applicable NOKOMI NOKOMIZ Country \$8.75 Additional 5. Certificate of Status Desired SALASOLA Fee Required SARASotA 7. Name and Address of New Registered Agent LANE, DON, II Street Address (P.O. Box Number is Not Acceptable) 1921 PEBBLE BEACH CT 201 A PALMETTO PO W. VENICE FL 34293-0830 NOKO MIS FL 34275 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 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 \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 PDTV LANE, DONALO II TITLE ☐ Delete Change LANE; DON II 2014 PALMETTO RO W. NAME NAME 1921 PEBBLE BEACH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 NOKOMIS PL 24275 ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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 experienced.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January B, 2000

941 483 3666

Daytime Phone #