2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 637895** 1. Entity Name FELNER CONSTRUCTION, INC. 03-20-2000 90124 034 ***150.00 Mailing Address Principal Place of Business 4182 LIVE OAK BLVD 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445-7005 823917 2. Principal Place of Business 3. Mailing Address 4236 PINE HOLLOW CIRCLE 4236 PINE HOLLOW CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1942274 GREENACRES, GREENACRES, FLORIDA FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 33463 USA 33463 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAY FELNER FELNER, JAY Street Address (P.O. Box Number is Not Acceptable) 4182 LIVE OAK BLVD. 4236 PINE HOLLOW CIRCLE **DELRAY BEACH FL 33445** City GREENACRES 33463 submite this statemen) for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE of registered agent and title if applicable. 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 11. OFFICERS AND DIRECTORS Addition Change TITLE Delete TITLE P FELNER, JAY NAME JAY FELNER STREET ADDRESS STREET ADDRESS 4770 TREE FERN DR. PINE HOLLOW CIRCLE NACRES, FLROIDA 33463 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete JEFFREY S. FELNER 4236 PINE HOLLOW CIRCLE NAME JEFFREY S. FELNER 4236 PINE HOLLOW CIRCLE GREENACRES, FLROIDA 33463 STREET ADDRESS STREET ADDRESS GREENACRES, FLORIDA 33463 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7iP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 of fructee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE: