2002 UNIFORM BUSINESS REPORT (UBR)

Feb 12, 2002 8:00 am 643021 DOCUMENT # **Secretary of State** 1. Entity Name CLERMONT CONSTRUCTION COMPANY, INC. 02-12-2002 90101 034 ***150.00 Principal Place of Business Mailing Address 11741 LAKE SUSAN COURT 11741 LAKE SUSAN COURT CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1951447 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASHUTA, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 11741 LAKE SUSAN COURT CLERMONT FL 34711 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. (9/01) Change ☐ Addition TITLE Delete TITILE washuta. David A. NAME NAME CR2E034 11741 LAKE SUSAN COURT STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE washuta, david a., Jr NAME NAME 12549 ERYN BLVD STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE washuta, Shannon M NAME NAME 111741 LAKE SUSAN COURT STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition TITLE WASHUTA, AARON FRANK NAME NAME 1118 CHELSEA PARC DR STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 accorate 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 trustee empowered to execute this open as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

SIGNATURE: MASKUTA VI 22/02
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASKUTA VI 22/02
SIGNATURE: 352 Eavy TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachr