FOR PROFIT CORPORATION ÜNIFORM BUSINESS REPORT (UBR)

648601 **DOCUMENT #** FILED 1. Entity Name SHEFFIELD CONSTRUCTION Co. Inc 02 JUL 24 PM 2: 21 SECRETARY OF STATE * * ' TALLAHASSEE, PLORIDA-DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1170 HillsBORN 1170 Hillsoico Mile DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 101 101 Applied For City & State 4. FEI Number 74 Ha Bench Not Applicable 59-2037436 41/5/3 0R 41/138000 ench \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33062 33042 Name and Address of Current Registered Agent - DE-GALLA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE mile 1153:Ca Zip Code 33 € 6つ 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. January 1 - May 1 Fee is \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be 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 OFFICERS AND DIRECTORS CR2E034B (12/01) P.D. NAME BELAKLA, VINCENT NAME (101) STREET ADDRESS STREET ADDRESS 1170 Hills B.c. Mile CITY - ST - ZIP COTY ST - ZIP Hills soco Dend, Ha 33062 TITLE U.P.D. 3111 F NAME NAME SCHNED, WILLAM E. (1.1) STREET ADDRESS STREET ADDRESS 1170 Hills 8 . 20 10. 42 *****B1.25 *****61.25 CITY (ST+Z)P CITY - ST - ZIP Hillsboro Bord, 74 TITLE TITLE Y. P.D. NAME MAME ELLEN M. Delalla STREET ADDRESS STREET ADDRESS 1170 H,1138.2. M. L. DO NOT WRITE C!TY_ST_ZIP_ CI3Y-ST 21P 41139.00-0000 TITLE VP. IN THIS SPACE 3|3LE Nick Passeein, NAME NAME STREET ADDRESS STREET ADDRESS 1170 Holls 6.20 10,4 CITY-ST-ZIP CHY-ST-EP follsone Bord 74 TITLE THE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CRY ST-ZIP TITLE TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C31Y-S1-ZIP 13. Thereby 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 office 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 on an

Amended

954-698-049J

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment with an address

SIGNATURE: