2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **653839** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name DOUBLE E CONSTRUCTORS, INC. 04-10-2000 90050 006 ***150.00 Mailing Address Principal Place of Business 602 SW 12 AVENUE 602 SW 12 AVENUE FORT LAUDERDALE FL 33312-2421 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2077410 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARDS, EDWARD A. Street Address (P.O. Box Number is Not Acceptable) 515 SW 7 AVE FT LAUDERDALE FL 33315 Zip Code FL 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 **SIGNATURE** DATE 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE Change TITLE ☐ Delete RICHARDS, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 515 SW 7TH AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition TITLE Delete TITLE RICHARDS, EILEEN NAME NAME STREET ADDRESS STREET ADDRESS 515 SW 7TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 6030 SW 55 STEELT DAME, FL 33314 ☐ Addition TITLE ☐ Del∈te TITLE RICHARDS, EDWARD M NAME NAME 3704 COCOPLUM CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL Change | ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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754-467-7253

Daytime Phone #