2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # 665808 1. Entity Name JAROSZEWICZ CONSTRUCTION COMPANY, INC.

Principal Place of Business

FILED Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90054 017 ***150.00

Suite Apt. #, etc. City & State Country To Country To Country To Country To Country S. Certificate of Status Desired Streat Address of New Registered Agent To Name and Address of New Registered Agent To Lindbermood Directe ORMOND BEACH FL 32174 City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Signal Ture: This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Till OFFICERS AND DIRECTORS Till IMME JAROSZEWICZ, STANLEY STREET ADDRESS GITY-ST-2P TILE MAKE JAROSZEWICZ, SALLY ANN 1837 MORAVIA HOLLY HILL FL Delete TILE MAKE JAROSZEWICZ, SALLY ANN 1837 MORAVIA HOLLY HILL FL Delete TILE MAKE JAROSZEWICZ, SALLY ANN 1837 MORAVIA HOLLY HILL FL Delete TILE MAKE STREET ADDRESS GITY-ST-2P TILE MAKE STREET ADDRESS GITY-ST-2P TILE Delete TILE STREET ADDRESS GITY-ST-2P TILE Delete TILE Delete TILE Delete TILE STREET ADDRESS GITY-ST-2P TILE Delete Delete TILE Delete Delete TILE Delete TILE Delete Delete Delete TILE Delete Delete Delete TILE Delete Delete Delete Delet	1637 MORAVIA AVE. PO BOX 250587 HOLLY HILL FL 32117 US		1697 MORAVIA AVE. PO BOX 250587 HOLLY HILL FL 32125-0587 US				 	# 11841 81811 4 1414	ENEKI BIBIL KEBI	
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Zip Country Zip Country S. Certificate of Status Desired Sets Additional Sets Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMSTRONG, RUSSELL F. 706 LINDENWOOD CIRCLE ORMOND BEACH FL 32174 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. Signatus, fload or printed neme of registered agent and the Facilitation (NOTE Registered Agent signature required when intrasting) 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FILE JAROSZEWICZ, STANLEY SIRET AUGRESS CITY-ST-ZIP TITLE NAME JAROSZEWICZ, SALLY ANN SIRET AUGRESS CITY-ST-ZIP TITLE NAME SIRET AUGRESS CITY-ST-ZIP TITLE TITLE NAME SIRET AUGRESS CITY-ST-ZIP TITLE TITLE TITLE STORMANDES CITY-ST-ZIP TITLE TITLE STORMANDES CITY-ST-ZIP TITLE STORMANDES SIRET AUGRESS CITY-ST-ZIP TITLE TITLE TITLE	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Signature Sign	City & State		City & State		4.	FEI Number NOT	APPLICABI	LE	Applied For Not Applicable	
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ARMSTRONG, RUSSELL F. 706 LINDENWOOD CIRCLE ORMOND BEACH FL 32174 6. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent synthetic required when nimetality) DATE				Name	Name					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00	706 LINDENWOOD CIRCLE									
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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: