2002 UNIFORM BUSINESS REPORT (UBR) 671937 DOCUMENT # 1. Entity Name SELECT CONTRACTING, INC. SECRETARY OF Principal Place of Business Mailing Address 1751 WEST 10TH STREET 1751 WEST 10TH STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Dity 3 State City & State 4. FEI Number 400 ag 5 59-2003203 Not -gs\_n Country Jauntry \$8.75 Additional 5. Certificate of Status Desired ee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lacre REICH, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 1751 WEST 10TH STREET RIMERA BEACH FL 33404 Zip Cade FI 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 \_ Elphature, typed or chinted name of registered agent and obeld applicable NCTE Perpistered Algent Signature required when reinstatings ⊒àT≣ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 3: Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15: 11 TPD **V** S TITLE ☐ Delete 7171 = Change REICH, MICHAEL S MAME 1751 WEST 10TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIMERA BEACH FL OTTY-ST-ZP VSD THE Delete TITLE PANEBIANCO, ANTHONY V MAME NAME STREET, ADDRESS 1751-WEST\_10TH\_STREET STREET ADDRESS \*\*\*\*\*61.25<u>\*\*</u>\*\*\*61.25 CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP TITLE ☐ Delete IIILE Change ☐ Acc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Change ☐ 3cc NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete DILE ☐ Change ☐ Acc NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 officer or direct of the corporation or the receiver or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

571.844.270