2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # 678370 1. Entity Name NATIONAL CONSTRUCTION AND RESTORATION: INC. 04-26-2001 90075 037 ***150.00 Mailing Address Principal Place of Business 60 CORAL DR. P.O. BOX 1358 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address 2813 5W 32 AUC Suite, Apt. #, etc. 2813 SW 32AVC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OCALA. City & State 4. FEI Number Applied For 59-2013090 Not Applicable 34474 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINACKER, DELANO A. Street Address (P.O. Box Number is Not Acceptable) 60 CORAL DR. KEY LARGO FL 33037 2813 SW 32 AVE Zip Code ろチリッチ 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, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature regulared when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition STEINACKER, DELANO A NAME NAME 2813 SW 32 AUC STREET ADDRESS STREET ADDRESS 60 CORAL DR. OCALA, FL 34474 CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 TITLE ST Delete TITLE ☑ Change Addition 28 13 SW 32 AUC STEINACKER, GLENDA H NAME NAME STREET ADDRESS 60 CORAL DR. STREET ADDRESS OCALA, FL 34474 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C:TY-S"-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 director of the corporation or the receiver on 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. 4/23/2001 352-291-2557 À.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR