FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State **DOCUMENT #** 678390 1. Entity Name B & F BUILDERS, INC. 05-07-2002 90352 049 ***150.00 Principal Place of Business Mailing Address 19900 EARLWOOD DR. 19900 EARLWOOD DR R0083125 JUPITER FL 33458 JUPITER FL 33458 HS 2. Principal Place of Business 3. Mailing Address 18291 S.E. Rubeview DE 18291 S.E. Ridgeview DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For eguesta 59-2001025 Tequesta Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Martin Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Frank CIAVARELLA, FRANK P., JR. (P.O. Box Number is Not Acceptable) 19900 EARLWOOD DR JUPITER FL 33458 Zip Code 33469 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME CIAVARELLA, FRANK, JR. NAME STREET ADDRESS 9250-A ALTERNATE HWY A1A 18291 Ridgeview DR. STREET ADDRESS CITY-ST-ZIP Tegresta, FL. JUPITER FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CIAVAREELA, MARY A NAME 18291 Ridgeview DR. Teguesta, Fl. STREET ADDRESS 19900 EARLWOOD DR STREET ADDRESS CITY-ST-7IP JUPITER FL CITY-ST-ZIP TITLE Delete 🛶 🧸 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE 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 the 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 coordinate by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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