FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am E Secretary of State DOCUMENT # 694585 1. Entity Name 04-18-2002 90336 037 ***158 SHAVER CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 10899 SUNSET DR #203 10899 SUNSET DR #203 MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address 11762 N. Kendall Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #301 City & State City & State 4. FEI Number Applied For 59-2110655 Not Applicable Miami, Fl Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 33186 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAVER, D.SCOTT Street Address (P.O. Box Number is Not Acceptable) 14522 S.W. 75TH ST. MIAMI FL 33183 City Zip Code 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 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 \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change SHAVER, BARBARA S. NAME NAME STREET ADDRESS 14522 S.W. 75TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE PTD ☐ Delete TITLE Change Addition NAME SHAVER, D SCOTT NAME STREET ADDRESS 14522 S.W. 75TH STREET STREET ADDRESS CITY-ST-ZIP MIAM! FL CITY-ST-ZIP - - -TITLE Change **Delete** TITLE ☐ Addition NAME MESSIMER, ROBERT L NAME SHAVER, BARBARA S. STREET ADDRESS STREET ADDRESS 14522 S.W. 75TH STREET CITY-ST-ZIP DALTON PA CITY-ST-ZIP MIAMI. FL TITLE ☐ 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

> D: Scott Shaver, President4/10/02 (305) 595-3596

Daytime Phone #