FILED

2003 FOR PROFIT CORPORATION

Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** 849529 1. Entity Name 04-25-2003 90503 001 ***300.00 R.L. BOOTH CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 1312 PALMETTO AVENUE P.O. DRAWER 2399 WINTER PARK FL 32789 WINTER PARK FL 32790 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 62-0817392 Not Applicable Zip Country Zip. 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 BOOTH, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1312 PALMETTO AVENUE WINTER PARK FL 32789 City Zip Code FL ned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept 8. The above na the obligation of registered agent. SIGNATURE Signature, typed or printed name of registered ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Addition TITLE TITLE BOOTH, RICHARD L. NAME NAME STREET ADDRESS 1312 PALMETTO AVENUE STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE LEE, DONALD F. NAME NAME 1312 PALMETTO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE REID, LYNN NAME NAME STREET ADDRESS STREET ADDRESS 1312 PALMETTO AVENUE CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE 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

SIGNATURE:

of the corporation or the

changed, or on an atta

12. I hereby certify that the information supplied with this indicated on this report of supplemental report is true

eceiver or trustee empowe

ment with an address, with

all other like empowered.

prmation 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 supplemental report is true and accurate and that my signature shall have the same legal effect as filmade under oath; that I am an officer or director acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #