FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 858264 1. Entity Name

HUMEL CONSTRUCTION INC.

FILED Feb 11, 2004 8:00 am **Secretary of State**

02-11-2004 90036 017 ***150.00

94014071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 47.15 Springmeadow Lane Mailing Address 4715 Springmeadow Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Sarasota, FL Applied For 74 = 0663354 ^{City} Šarasota, FL

Not Applicable Country Country \$8.75 Additional ^{zi}54233 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name Edward F. Humel		
Street Address (P.O. Box Number is Not Acceptab 4715 Springmeadow Lane	ole)	
City Sarasota	FL ^Z ₃ 42233	

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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and little if applicable January 1 - May 1 Fee is \$150.00

SIGNATURE

9. Election Campaign Financing

\$5.00 May Be

After May 1, Fee is \$550.00 \Box Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE Edward F. Humel TITLE NAME 🧢 NAME 4715 Springmeadow Lane STREET ADDRESS STREET ADDRESS Sarasota, FL 34233 CITY-ST-ZIP CITY-ST-ZIP MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7iP CITY-ST-78P TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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 10 or on an attachment with an address, with all other like empowered.

2/9/04

941-921-7544