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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # F0000001111 1. Entity Name S&B CONSTRUCTION COMPANY SOUTHEAST, INC. 04-05-2001 90050 001 ***150.00 Principal Place of Business Mailing Address 201 NORTH ILLINOIS STREET, 23RD FLOOR 201 NORTH ILLINOIS STREET, 23RD FLOOR Indianapolis in 46204 INDIANAPOLIS IN 46204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 35-1802719 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME COOPER, WILLIAM E NAME STREET ADDRESS STREET ADDRESS 201 NORTH ILLINOIS STREET, 23RD FLOOR CITY-ST-ZIP CITY-ST-7IP INDIANAPOLIS IN 46204 ☐ Change Delete ☐ Addition TITLE TITLE NAME BROADBENT, GEORGE P NAME STREET ADDRESS STREET ADDRESS 201 NORTH ILLINOIS STREET, 23RD FLOOR CITY-ST-7IP CITY-ST-7IP <u>Indianapolis in 46204</u> Change Addition TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.