2001 UNIFORM BUSINESS REPORT (UBR) FILED F 000 0000 1441 May 23, 2001 8:00 am DOCUMENT # 1. Entity Name Arc - Rite Industrial Contractors, Inc. **Secretary of State** South Fletcher Avenu= 05-23-2001 91183 020 ***150.00 Fernandiha Beach Principal Place of Business Mailing Address 1413 South Fletcher Gum Street Rayunier Contractors Lot Fernandina Beach 72 32034[1069982 Fernandina Bch 7L 32034 3. Mailing Address Flether Ave. Principal Place of Business ot Rayonier Contractors lut Suite, Apt. #, etc. DO, NOT WRITE IN THIS SPACE City & State Fernandiha 4. FEI Number 227 6546 Applied For -City & State Fernandina Beach 7L Beach 7L Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Nassaue 32034 Nassau Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Swinson Street Address (P.O. Box Number is Not Acceptable) 1413 South Hetcher Fernandina Zip Code 8. The above named entity submits this statement for the purpose of changing its agristered office or registered agent, or both, in the State of Florida. DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 200 t Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payabl to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME Swinson John STREET ADDRESS STREET ADDRESS dina Beach 7L32031 CiTY-SJ-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TUTLE NAME Hernden Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 31563 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete Change Addition TIME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for ne 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 me 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 a 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. SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O DIRECTOR