FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 10 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02 000001502

1. Entity Name

CIVITECHS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3 Davol Square	3 Davol Square
Suite, Apt. #, etc. Suite C350	Suite, Apt. #, etc. Suite C350
City & State Providence, RI	City & State Providence. RI
Zip 02903 Country USA	Zip 02903 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0492727 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michael Murphy

Street Address (P.O. Box Number is Not Acceptable): 4573 ENTERPRISE Ave 1-A

City: NAPLES FL Zip Code: 34104

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: Michael Murphy 6-9-03

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
CP	Hansen, Paul 3 Davol Square, Suite C350 Providence, RI 02903
DVP	St. Germain, Michael 3 Davol Square, Suite C350 Providence, RI 02903
D	Murphy, Michael 3 Davol Square, Suite C350 Providence, RI 02903
S	Hansen, Eileen 3 Davol Square, Suite C350 Providence, RI 02903
T	Van Brocklin , Charles 3 Davol Square, Suite C350 Providence, RI 02903

000020253360
05/29/03--01057--005 **550.00

000020253360
05/29/03--01057--006 **8.75

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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.

SIGNATURE: Michael St. Germain 5-28-03 800-381-9507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #