2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F28981 1. Entity Name

| LOYD & LO | YD CONSTRUCTION | COMPANY, INC. | • |
|---|-----------------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 11442 W GRYBECK DRIVE HOMOSASSA FL 34448 US | | 11442 W GRYBECK DRIVE HOMOSASSA FL 34448 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED Jan 29, 2001 8:00 am Secretary of State 01-29-2001 90178 002 ***150.00

| 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State |
|--|
| City & State Country Country Country Country S. Certificate of Status Desired Registered Agent To Name and Address of New Registered Agent City FL City City FL City City FL City City FL City Addition City Addition City City Addition City City Addition City Addition City City Addition City City Addition City City Addition City City Addition City City Addition City Addition City City Addition City Addit |
| Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Feedured Fee |
| Some and Address of Current Registered Agent LOYD-KILGORE, EVELYN IRENE 11442 W GRYBECK DRIVE HOMOSASSA FL 34448 Sireat Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL 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 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so. (See criteria on back) Tax fling requirement and elects to do so. (See criteria on back) Tit. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTERCORS CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP TITLE V OVD, EVELYN JO 11442 W GRYBECK DRIVE TITLE V OVD, EVELYN JO 11442 N GRYBECK DRIVE TITLE V OVD, EVELYN JO 11442 N GRYBECK DRIVE TITLE V OVD, DORIS LEE NAME LOYD, DORIS LEE NAME LOYD, DORIS LEE NAME LOYD, DORIS LEE TITLE V OVD, DORIS LEE NAME CITY-ST-ZIP TITLE V OVD, SIRET ADDRESS CITY-ST-ZIP Delete TITLE V OVD, SIRET ADDRESS CITY-ST-ZIP Delete TITLE V OVD, SORNEY AGENCE TITLE COYD, SAMMY A., II SIRET ADDRESS SIRET ADDR |
| LOYD-KILGORE, EVELYN IRENE 11442 W GRYBECK DRIVE HOMOSASSA FL 34448 City FL Zip Code |
| LOYD-KILGORE, EVELYN IRENE 11442 W GRYBECK DRIVE HOMOSASSA FL 34448 City FL 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Gee criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE V |
| ### HOMOSASSA FL 34448 Sirest Address (P.O. Box Number is Not Acceptable) |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signeture, typed or primed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when renotabling] |
| 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 stile if applicable. (NOTE Registered Agent signature required when renataling) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001. Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE V MAME KILGORE, ROBERT R 11442 W GRYBECK DRIVE CITY-ST-2IP HOMOSASSA FL 34448 CITY-ST-2IP COTTAINS CITY-ST-2IP HOMOSASSA FL 34448 CITY-ST-2IP COTTAINS CITY-ST-2IP HOMOSASSA FL 34448 CITY-ST-2IP COTTAINS |
| SIGNATURE Signature, typed or primod name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |
| Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE V CRAME KILGORE, ROBERT R STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP TITLE V CRAME LOYD, EVELYN JO STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP TITLE V CRAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP TITLE V CRAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP TITLE V CRAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP TITLE V CRAME LOYD, SAMMY A., II NAME STREET ADDRESS |
| TITLE V KILGORE, ROBERT R STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE VS Delete TITLE NAME LOYD, EVELYN JO STREET ADDRESS CITY-ST-ZIP TITLE V GRYBECK DRIVE HOMOSASSA FL 34448 TITLE VS DELET ADDRESS CITY-ST-ZIP TITLE V GRYBECK DRIVE HOMOSASSA FL 34448 TITLE V GRYBECK DRIVE HOMOSASSA FL 34448 TITLE V DELET TITLE V DELET TITLE V DOMOSASSA FL 34448 TITLE V DELET TITLE V GRYBECK DRIVE TITLE DELET TITLE P DELET TITLE P DELET TITLE STREET ADDRESS TITLE DELET TITLE NAME THE DELET TITLE STREET ADDRESS THEET ADDRESS THE THE |
| NAME STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE NAME LOYD, EVELYN JO STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE VS STREET ADDRESS CITY-ST-ZIP TITLE NAME LOYD, EVELYN JO STREET ADDRESS CITY-ST-ZIP TITLE V TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE P TITLE P TITLE NAME STREET ADDRESS TITLE TITLE STREET ADDRESS TITLE TITLE TITLE T TITLE T TITLE T TITLE T TITLE T T T T T T T T T T T T T T T T T T |
| STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE VS NAME LOYD, EVELYN JO STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE NAME LOYD, EVELYN JO STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE V TITLE V TITLE V TOTALE V TOTALE TITLE V TOTALE TITLE V TOTALE TITLE TITLE TOTALE TITLE TITLE TITLE TOTALE TITLE |
| CITY-ST-ZIP HOMOSASSA FL 34448 TITLE VS |
| TITLE VS Delete TITLE NAME LOYD, EVELYN JO STREET ADDRESS CITY- ST-ZIP HOMOSASSA FL 34448 CITY- ST-ZIP Delete TITLE ADDRESS CITY- ST-ZIP CHANGE Addition LOYD, SAMMY A., II STREET ADDRESS |
| NAME STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE VOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE VOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE P Change Addition CITY-ST-ZIP TITLE P Change Addition NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS |
| STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE V NAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE NAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP TITLE P Delete TITLE P Delete TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE STREET ADDRESS TITLE NAME STREET ADDRESS TITLE STREET ADDRESS |
| CITY-ST-ZIP HOMOSASSA FL 34448 TITLE V Delete TITLE LOYD, DORIS LEE NAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP TITLE P Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE P DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE P DELETE TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE STREET ADDRESS STREET ADDRESS TITLE STREET ADDRESS |
| TITLE V Delete TITLE CHange Addition NAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE P Delete TITLE NAME LOYD, SAMMY A., II STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE STREET ADDRESS TITLE STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TREET ADDRESS |
| NAME STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 TITLE NAME LOYD, DORIS LEE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE STREET ADDRESS TITLE NAME STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS |
| STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP TITLE P LOYD, SAMMY A., II STREET ADDRESS |
| CITY-ST-ZIP HOMOSASSA FL 34448 CITY-ST-ZIP TITLE PLOYD, SAMMY A., II NAME STREET ADDRESS 11442 W GRYBECK DRIVE STREET ADDRESS |
| TITLE P Delete TITLE NAME LOYD, SAMMY A., II NAME STREET ADDRESS 11442 W GRYBECK DRIVE STREET ADDRESS |
| NAME LOYD, SAMMY A., II NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS |
| STREET ADDRESS 11442 W GRYBECK DRIVE STREET ADDRESS |
| |
| |
| TO THOUSAND TE OTTO |
| TITLE PS Delete TITLE Change Addition NAME LOYD-KILGORE, EVELYN IRENE |
| STREET ADDRESS 11442 W GRYBECK DRIVE STREET ADDRESS |
| CITY-ST-ZIP HOMOSASSA FL 34448 |
| TITLE Delete TITLE Change Addition |
| NAME NAME |
| STREET ADDRESS STREET ADDRESS |
| CITY-ST-ZIP 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.

SIGNATURE: