FILED

2001 UNIFORM BUSINESS REPORT (ÚBR)

Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # F40237** 1. Entity Name R. ZORC & SONS BUILDERS, INC. 02-05-2001 90090 005 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2913 2730 FLIGHT SAFETY DRIVE VERO BEACH FL 32961 STE 100 VERO BEACH FL 32960 2. Principal Place of Business 2345 14th Ave. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #7 City & State City & State Applied For 4. FEI Number 59-2115023 Not Applicable Vero Beach Fl Country USA Country \$8.75 Additional 32960 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOCK, SAMUEL A., P.A. Street Address (R.O. Box Number is Not Acceptable) 2127 10TH AVE. VERO BEACH FL 32960 ^{City} Vero Beach FL ^Ζየ*2*963 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 After MAY 1, 2001 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 Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Defete ZORC, TIMOTHY J. NAME 3907 58TH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE X7 Change ☐ Addition ZORC, KENNETH R. NAME NAME Zorc, Kenneth R. STREET ADDRESS 2730 FLIGHT SAFETY DR. SUITE 100 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE " "" `Delete ☐ Addition TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

541-547-/95) X6

Daytime Phone #