FILED

2003 FOR PROFIT CORPORATION

Mar 03, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR** F40237 DOCUMENT # 1. Entity Name 03-03-2003 90494 047 ***150.00 R. ZORC & SONS BUILDERS, INC. Principal Place of Business Mailing Address 2345 14TH AVENUE P.O. BOX 2913 STE 7 VERO BEACH FL 32961 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2115023 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 (P.O. Box Number is Not Acceptable) 979 BEACHLAND BLVD VERO BEACH FL 32960 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition NAME ZORC, TIMOTHY J. NAME STREET ADDRESS 610 BRIDGEWATER LN SW 2345 14th-Ave -- Ste .- 7 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP Vero Beach, Fl. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ZORC, KENNETH R. NAME STREET ADDRESS 2345 14TH AVENUE #7 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP ...

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR D NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition