FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 09, 2002 8:00 am Secretary of State DOCUMENT # F42852 1. Entity Name 09-09-2002 90013 009 ***550 00 HUNLEY-HUBBARD CONSTRUCTION, INC. Mailing Address Principal Place of Business 775 #4 8TH COURT 775 #4 8TH COURT P.O. BOX 6746 P.O. BOX 6746 VERO BEACH FL 32961 VERO BEACH FL 32961 3. Mailing Address 2. Principal Place of Business CIRCLE 5035 FAIRWAYS BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2122329 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -HUNLEY, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 775 4 8TH CT **VERO BEACH FL 32462** Zip Code City 8. The a gove 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 flions of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ANO 57 ☐ Delete TITLE TITLE NAME HUNLEY, MICHAEL J NAME STREET ADDRESS PO BOX 6746 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32961 CITY-ST-ZIP ☐ Addition Change TITLE M Delete TITLE NAME HUNLEY, J. M NAME STREET ADDRESS STREET ADDRESS PO BOX 6746 CITY-ST-ZIP CITY-ST-ZIP vero Beach FL 32961 ☐ Addition Change TITLE ☐ Delete NAME NAME __ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 trustge 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

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

9/5/02

56/-978-6450