2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # F66580 BOOZE BROTHERS CONSTRUCTION CO INC. 02-08-2001 90153 042 ***150.00 Principal Place of Business Mailing Address % SCOTT BOOZE % SCOTT BCOZE RT. 1 BOX 809 RT. 1 BOX 809 MACCLENNY FL 32063 MACCLENNY FL 32063 2. Principal Place of Business % Scott Booze 3. Mailing Address Scott Booze Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6077 Larimer Rd. 6077 Larimer Rd. 4. FEI Number Applied For City & State 59-2146563 Not Applicable Macclenn Country USA \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Booze, Scott BOOZE, SCOTT Street Address (P.O. Box Number is Not Acceptable) ROUTE 1 BOX 809 LARIMER ST. MACCLENNY FL 32063 6077 Larimer Rd. Zip Code 32063 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD ☐ Delete TITLE TITLE BOOZE, SCOTT NAME Booze, Scott 6077 Larimer Rd. NAME Address ROUTE 1 BOX 809 LARIMER ST. STREET ADDRESS STREET ADDRESS MACCLENNY, FL 00000 CITY-ST-ZIP Macdenny, Fl. 32063 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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