FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an atta

SIGNATURE:

## Feb 24, 2002 8:00 am DOCUMENT # F93000005052 **Secretary of State** 1. Entity Name 02-24-2002 90064 028 \*\*\*150.00 SOUTHERN BLEACHER CONSTRUCTION CO., INC. Principal Place of Business Mailing Address **POST OFFICE 1** POST OFFICE 1 80031123 GRAHAM TX 76450 GRAHAM TX 76450 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2050107 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOMBROIA, THOMAS R Street Address (P.O. Box Number is Not Acceptable) 10935 SW 105 AVENUE **MIAMI FL 33176** 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. **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, 2002 Fee will be \$550.00 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. CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition NAME PETTUS, JOANN NAME STREET ADDRESS 3400 GRAFORD HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GRAHAM TX ☐ Change ☐ Addition TITLE ☐ Delete TITLE PETTUS, SHERRILL' MAME NAME STREET ADDRESS 3400 GRAFORD HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRAHAM TX** □ Change ☐ Addition TITLE 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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 supply find all 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 receive of trissee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

2-6-02

Daytime Phone #