2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600006004 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name SEPULVEDA CONSTRUCTION COMPANY 08-08-2000 90096 006 ***550.00 Principal Place of Business Mailing Address 1965 N. MAIN ST. 1965 N. MAIN ST. ORANGE CA 92865 ORANGE CA 92865 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number .95-3767475 Not Applicable 95-376747 Zip Country \$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 CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 1116-D THOMASVILLE RD. TALLAHASSEE FL 32303 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ■ Addition TITLE Change TITLE Delete SEPULVEDA, GEORGE P NAME NAME STREET ADDRESS 1965 N. MAIN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE CA 92865** Change Addition TITLE ☐ Delete TITLE NAME ALCARAZ, MARY E NAME STREET ADDRESS STREET ADDRESS 1965 N. MAIN ST. CITY-ST-ZIP CITY-ST-7IP ORANGE CA 92865 ☐ Addition TITLE Delete TITLE . 🗀 Change NAME SEPULVEDA, INDIA L NAME STREET ADDRESS STREET ADDRESS 1965 N. MAIN ST. CITY-ST-ZIP CITY-ST-ZIP **ORANGE CA 92865** Delete TITLE ☐ Change Addition NAME SEPULVEDA, JAMES NAME STREET ADDRESS STREET ADDRESS 1965 N. MAIN ST. CITY-ST-ZIP CITY-ST-ZIP **ORANGE CA 92865** ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE The Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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:

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