2002 UNIFORM BUSINESS REPORT (UBR)

Aug 26, 2002 8:00 am Secretary of State **DOCUMENT#** F97000002908 1. Entity Name 08-26-2002 90056 011 ***550 00 D.M. JONES CONSTRUCTION, INC. Principal Place of Business Mailing Address 440 BENMAR, STE 1020 440 BENMAR, STE 1020 HOUSTON TX 77060 HOUSTON TX 77060 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 76-0486563 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Addition JONES, DAVID M NAME STREET ADDRESS 440 BENMAR, STE 1020 STREET ADDRESS CITY-ST-7IP **HOUSTON TX** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SIMS, JAMES DENNIS NAME STREET ADDRESS 440 BENMAR STUIE 1020 STREET ADDRESS CITY-ST-7IE **HOUSTON TX 77060** CITY-ST-ZIP TITLE ST Delete ☐ Change Addition NAME SCARBERRY, KIMBERLY D NAME STREET ADDRESS 440 BENMAR, STE 1020 STREET ADDRESS CITY-ST-ZIP HOUSTON TX CITY-ST-7P TITLE ☐ Delete TITLE Change Addition NAME

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 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.

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