2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am DOCUMENT # F97000004814 Secretary of State 1. Entity Name GEISLER CONTRACTING, INC. 03-26-2001 90164 042 ***150.00 Principal Place of Business Mailing Address 73 AUXILIARY FIELD RD PO BOX 216 HEADLAND AL 36345 HEADLAND AL 36345 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 63-1025080 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEISLER, DONALD A Street Address (P.O. Box Number is Not Acceptable) 7713 DELEVIL **TAMPA FL 33610** 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 regulred when reinstating) 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition Change TITLE ☐ Delete TITI F GEISLER, GEORGE J JR NAME STREET ADDRESS STREET ADDRESS 105 BROAD ST CITY-ST-ZIP CITY-ST-ZIP **HEADLAND AL 36345** ☐ Delete TITLE ☐ Change Addition NAME GEISLER, BETTY JO NAME STREET ADDRESS STREET ADDRESS 105 BROAD ST CITY-ST-ZIP CITY-ST-ZIF HEADLAND AL 36345 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Betty J. Geisler, VST

(334)693-9097

Daytime Phone #

03/22/01