2003 FOR PROFIT CORPORATION

FILED Mar 12, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** G24091 **DOCUMENT #** 1. Entity Name 03-12-2003 90077 017 ***150.00 HAB CONSTRUCTION, INC. Principal Place of Business Mailing Address 7442 CALOOSA DRIVE 7442 CALOOSA DRIVE **BOKEELIA FL 33922 BOKEELIA FL 33922** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2276569 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 BOIES, HARRY A. JR Street Address (P.O. Box Number is Not Acceptable) 7442 CALOOSA DR **BOKEELIA FL 33922** 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE Addition BOIES, HARRY A JR NAME BOIES, HARRY A. JR. NAME 7442 CALOOSA DR. STREET ADDRESS 7298 POMEGRANATE DR STREET ADDRESS BOKEELIA FL 33922 CITY-ST-ZIP CITY-ST-ZIP Bokeclia, FL 33922 TITLE Delete TITLE Change ☐ Addition HARRY A BUTES JK NAME BOIES, HARRY A. JR NAME 7442' CALDOSA DR STREET ADDRESS 7298 POMEGRANATE DR STREET ADDRESS CITY-ST-ZIP **BOKEELIA FL 33922** CITY-ST-ZIP TITLE Delete_ TITLE Change _ Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Date

Daytime Phone #

☐ Change

☐ Addition