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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am Secretary of State **DOCUMENT #** G41701 02-04-2002 90045 003 \*\*\*150 00 U.G.C. CONSTRUCTION CORPORATION Principal Place of Business Mailing Address P.O. BOX 8423 1293 10TH ST. N. NAPLES FL 33941 NAPLES FL 33940 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 59-2297751 Not Applicable Country 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 HOGUE, RONALD C., ESQ. Street Address (P.O. Box Number is Not Acceptable) 1020 8TH AVE. S., #4, BAYVIEW BLDG. SUITE 4 BAYVIEW BLDG. NAPLES FL 33940 Zip Code FL • 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 ☐ Change ☐ Addition ☐ Delete DELORES I BRYAN NAME STREET ADDRESS 1293 10TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-7LP NAPLES FL 34102 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BRYAN, ELBERT M NAME STREET ADDRESS STREET ADDRESS 1293 10TH ST. N. CITY-ST-ZIP CITY-ST-7IP NAPLES FL 33940 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BRYAN, ELBERT M. NAME STREET ADDRESS STREET ADDRESS 1293 10TH ST. N. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33940 Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST- 7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 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