2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 17, 2000 8:00 am Secretary of State **DOCUMENT # H02976** 1. Entity Name ALL BUILDING CONSTRUCTION, INC. 03-17-2000 90045 002 ***150.00 Mailing Address Principal Place of Business % MICHAEL JOHN NOWOGROCKI % MICHAEL JOHN NOWOGROCK! P.O. BOX 1297 32131 HICKORY LANE P.O. BOX 1297 32131 HICKORY LANE A0030999 SORRENTO FL 32776-1297 SORRENTO FL 32776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City'& State 4. FEI Number City & State 59-2414220 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOWOGROCKI, MICHAEL JOHN Street Address (P.O. Box Number is Not Acceptable) 32131 HICKORY LANE PO BOX 1297 SORRENTO FL 32776 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDC TITLE ☐ Change Addition TITI F ☐ Delete NOWOGROCKI, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 32131 HICKORY LANE CITY-ST-ZIP CITY-ST-ZIP SORRENTO FL VDT ☐ Delete ☐ Change ■ Addition TITLE TITLE NOWOGROCKI, ANALESSA J. NAME NAME STREET ADDRESS STREET ADDRESS 32131 HICKORY LANE CITY-ST-7IP CITY-ST-ZIP SORRENTO FL Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

MEHREL Z HOWOGROCKI

3/14/2000 35

383-3103

Daytime Phone #