2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H34729 Feb 13, 2001 8:00 am Secretary of State WATKINS & ASSOCIATES CONSTRUCTION, INC. 02-13-2001 90038 035 ***150.00 Principal Place of Business Mailing Address 3063 S. PENINSULA 3063 S. PENINSULA DAYTONA BCH FL 32118-5911 **DAYTONA BCH FL 32118-5911** 2. Principal Place of Business 3. Mailing Address 1205 S. Riverside Dr. 1205 S. Riverside Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2475122 Edgewater, FL Edgewater, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32132 32132 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, KIMBERLY Street Address (P.O. Box Number is Not Acceptable) 3063 S. PENINSULA <u> 1205 S. Riverside Drive</u> DAYTONA BCH FL 32118 Zip Code _{City} Edge<u>water</u> 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. Kimberley F. Scott President (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PST ☐ Addition TITLE Change TITLE ☐ Delete SCOTT, KIMBERLY NAME NAME 3063 S. PENINSULA STREET ADDRESS 1205 S. Riverside Drive STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL CITY-ST-ZIP Edgewater, FL 32132 X Change ☐ Addition ☐ Detete TITLE TITL F SCOTT, KIMBERLY NAME NAME 1205 S. Riverside Drive 3063 S. PENINSULA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH SHORES FL CITY-ST-ZIP Edgewater, FL 32132 TITL F Delete 'Delete TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 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 enhancement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if th all other like empowered. changed, or on an attachment with an address

Kimberley F. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: