## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2001 08:00 AM DOCUMENT # H48431 1. Entity Name **Secretary of State** ROY E. BRYANT & SONS CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 21 EDWARDS SHORE 21 EDWARDS SHORE HAINES CITY FL HAINES CITY FL 33844 33844 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 59-2518704 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 BRYANT, ROY E. 21 EDWARDS SHORES Street Address (P.O. Box Number is Not Acceptable) HAINES CITY FL33844 US 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 05/16/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DT TITLE ☐ Delete TITLE ☐ Addition TIM MAME BRYANT NAME 21 EDWARDS SHORE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-ZIP ☐ Delete DS TITLE ☐ Change NAME BRYANT лту NAME STREET ADDRESS 21 EDWARDS SHORE STREET ADDRESS CITY-ST-ZIP HAINES CITY FL 33844 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition BRYANT JEFF NAME STREET ADDRESS 4 E ORANGE STREET ADDRESS CITY-ST-ZIP DAVENPORT FLCITY-ST-ZIP ☐ Delete TITLE Change Addition BRYANT, ROY E. NAME STREET ADDRESS 21 EDWARDS SHORE STREET ADDRESS CITY-ST-ZIP HAINES CITY 33844 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

05/16/2001

Daytime Phone #

Date

Judy Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

CR2E034 (11/00)