2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # H52423** E & S CONSTRUCTION INC. 01-26-2001 90138 016 ***150.00 Principal Place of Business Mailing Address % EARROL SMITH % EARROL SMITH 2369 RALEIGH STREET 2369 RALEIGH STREET U9998685 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 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. FÉI Number Applied For 59-2519855 Not Applicable Zip 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 SMITH, EARROL Street Address (P.O. Box Number is Not Acceptable) 2369 RALEIGH STREET HOLLYWOOD FL 33020 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 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. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (10/00) TITLE ☐ Change Addition NAME SMITH, EARROL NAME STREET ADDRESS 2369 RALEIGH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, MARGERY NAME STREET ADDRESS 2369 RALEIGH ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change - 🔼 Addition NAME SMITH, RAYMOND NAME STREET ADDRESS 2369 RALEIGH ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME ROLLE, CHARLOTTE NAME STREET ADDRESS 2369 RALEIGH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE · 🔲 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 a other like empowered.

NG OFFICER OR DIRECTOR

Daytime Phone #