2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # H60264** Entity Name SPOLSKI GENERAL CONTRACTOR, INC. 04-19-2001 90025 046 ***150.00 Principal Place of Business Mailing Address 2805 CARRIER AVENUE 2805 CARRIER AVENUE SANFORD FL-02770 SANFORD FL 32779 US US 2. Principal Place of Business 3. Mailing Address 1425 E. Airport Blvd. 1425 E. Airport Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2543257 Sanford, Not Applicable Sanford, FI Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32773 32773 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Spolski, Kevin J. SPOLSKI, KEVIN J Address (PO Box Number is Not Acceptable) -- 5 E. Airport Blvd. 2805 CARRIER AVENUE -SANFORD FL 32773-Sanford 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PST Change ☐ Addition ☐ Delete TITLE TITLE Spolski, Kevin J. SPOLSKI, KEVIN J. NAME NAME 1425 E. Airport Blvd. STREET ADDRESS STREET ADDRESS 3850 SIPES AVE -CITY-ST-ZIP CITY-ST-ZIP Sanford, FL 32773 SANFORD FL Change Addition Delete TITLE TITLE SPOLSKI, KEVIN J. NAME NAME Spolski, Kevin J. 1425 E. Airport Blvd. STREET ADDRESS STREET ADDRESS 3850 SIPES AVE CITY-ST-7IP CITY-ST-ZIP sanford fl Sanford, FL 32773 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 indicated on this report or supplemental teport is true and accurate and that of the corporation or the receiver or the see empowered to execute this report changed, or on an attachment with an address, with all other like empoyers.

e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of granture shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Delete

TITLE

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407-322-8424

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