2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 15, 2000 8:00 am Secretary of State **DOCUMENT # H84627** 1. Entity Name **NEW CREATION BUILDERS, INC.** 08-15-2000 90016 005 ***550 00 Principal Place of Business Mailing Address 1337 W 19 ST 1337 W 19 ST PANAMA CITY BEACH FL 32405 PANAMA CITY BEACH FL 32405 2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2611516 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HESS. BRIAN Street Address (P.O. Box Number is Not Acceptable) 9108 WEST HWY 98 PANAMA CITY BEACH FL 32407 City Zip Code 8. The bove 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 \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11 CD ☐ Addition TITLE Delete TITLE Bilelo, Alcides M. NAME BILELO, ALCIDES M NAME 67 24 South Laquon Dr. STREET ADDRESS STREET ADDRESS 6800 GULF DR 32408 Panama City Beach, FL CITY-ST-ZIP CITY-ST-ZIE PANAMA CITY FL PDT **X** Change ☐ Addition PDT ☐ Delete TITLE TITLE Peluso, Sean C. NAME PELUSO, SEAN C NAME 1109 Lindenwood De. STREET ADDRESS STREET ADDRESS 109 LINDENWOOD DR CITY-ST-ZIP CITY-ST-ZIP Panama City PANAMA CITY FL ☐ Change Addition Delete TITLE TITLE Dauzat Karla NAME MCMILLIN, CAROL R. NAME Tiao Patronis Dr. STREET ADDRESS STREET ADDRESS 7223 COLLINS ROAD 33408 CITY-ST-ZIP CITY-ST-ZIP Beach PANAMA CITY FL 32404 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP Change ☐ Addition Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of trystee 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 wi

SIGNATURE:

CR2E034 (5/00)