2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYP

SIGNATURE: \(\)

Feb 04, 2002 8:00 am DOCUMENT # H92330 **Secretary of State** 1. Entity Name 02-04-2002 90119 020 ***150.00 BASS CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address C/O CHARLES R. GARDNER C/O CHARLES R. GARDNER 3537 HARTSFIELD ROAD 3537 HARTSFIELD ROAD TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2622102 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BASS, GRADY W. Street Address (P.O. Box Number is Not Acceptable) 3537 HARTSFIELD RD TALLAHASSEE FL 32303 City Zio 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 After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change PTD ☐ Delete TITLE Deborah Jean Bass BASS, GRADY W. NAME NAME 406 North Ride STREET ADDRESS 3537 HARTSFIELD ROAD STREET ADDRESS CITY-ST-ZIP Tallahassee, FL 32303 CITY-ST-ZIP tallahassee FL Change ☐ Addition TITLE VSD ☐ Delete TITLE NAME NAME BASS, MARY GAIL STREET ADDRESS STREET ADDRESS 406 NORTH RIDE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Delete Change ☐ Addition TITLE TITLE VD NAME BASS, ROBERT W.. NAME STREET ADDRESS STREET ADDRESS 10088 COLLINS HOLE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

(9/01)

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Daytime Phone #