2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2000 8:00 am Secretary of State DOCUMENT # H99989 1. Entity Name ROTTI CONSTRUCTION, INC. 08-08-2000 90006 028 ***550.00 Mailing Address Principal Place of Business 8064 NEWTON ROAD 8064 NEWTON ROAD JACKSONVILLE FL 32216-5334 JACKSONVILLE FL 32216-5334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2644183 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.=Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORNELIUS, BENJAMIN A Street Address (P.O. Box Number is Not Acceptable) 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE FL 32216 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change ☐ Delete TITLE ROTTI, JAMES G NAME NAME STREET ADDRESS STREET ADDRESS 8062 NEWTON RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Change Addition Delete TITLE NAME ROTTI, HELEN STREET ADDRESS 8895 CHAMBORE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change -- Addition . Delete ŢĮŢĻĒ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **PMAME** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Maddition ☐ Delete TITLE 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 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.

TITLE .

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

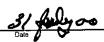
NAME

STREET ADDRESS

CITY-ST-ZIP

Gara DR Rollouin Esames G. Rotti

☐ Delete



641-314

Change

☐ Addition