2001 UNIFORM BUSINESS REPORT, (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # J17722** 1. Entity Name TERRA-CON CONSTRUCTION, INC. 04-05-2001 90068 031 ***158.75 Principal Place of Business Mailing Address 225 CITRUS TRAIL 225 CITRUS TRAIL BOYNTON BCH, FL 33436 BOYNTON BCH. FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt:#-etc-City & State City & State 4. FEI Number Applied For 59-2700545 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROCHE ROBERT D Street Address (P.O. Box Number is Not Acceptable) 225 CITRUS TRAIL **BOYNTON BEACH FL 33436** City Zip Code 8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. (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**_Мау,Вө₌₌ After MAY 1, 2001 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 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME ROCHE, ROBERT D. NAME STREET ADDRESS STREET ADDRESS 225 CITRUS TRAIL CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FI ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 in changed, or on an attachment with an address,

Robbert D. RUCHE PRAS.