FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am DOCUMENT # J18114 **Secretary of State** 1. Entity Name 01-24-2002 90366 014 ***150.00 RAY DATILLIO EXCAVATING CORP Principal Place of Business Mailing Address 7000 S.E. 138TH STREET 6525 S.E. 138TH STREET HOBE SOUND FL 33455 HOBE SOUND FL 33455 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 59-2680879 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DATILLIO, RAYMOND A. Street Address (P.O. Box Number is Not Acceptable) 7000 SE 138 ST. **HOBE SOUND FL 33455** City Zip 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. TITLE ☐ Defete TITLE ☐ Change Addition DATILLIO, RAYMOND A. NAME NAME STREET ADDRESS 7000 SE 138 ST. STREET ADDRESS CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME DATILLIO, MARGARET NAME STREET ADDRESS STREET ADDRESS 7000 SE 138 ST. CITY-ST-ZIP **HOBE SOUND FL 33455** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DATILLIO, TIMOTHY R NAME STREET ADDRESS STREET ADDRESS 7000 S.E. 138TH STREET CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** TITLE ☐ Delete TITLE Change ■ Addition 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-ZIP 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 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 501-546-