2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE

FILED **DOCUMENT # J48183** Mar 22, 2000 8:00 am **Secretary of State** DHANS CONSTRUCTION, INC. 03-22-2000 90096 034 ***150.00 Principal Place of Business Mailing Address 11715 61ST ST. N. 11715 61ST ST. N. WEST PALM BCH FL 33412-1879 WEST PALM BCH FL 33412 00043357 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2751340 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DHANS, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 11715 6TH ST N. WEST PALM BCH. FL 33412 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE DHANS, JUDITH A. NAME STREET ADDRESS STREET ADDRESS 11715 6TH ST N. CITY-ST-ZIE CITY-ST-ZIP ROYAL PALM BEACH FL 33412 ☐ Addition ☐ Change ☐ Delete TITLE TITLE DHANS, LAWRENCE E. NAME STREET ADDRESS STREET ADDRESS 11715 6TH ST N. CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33412 Delete 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-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE 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 receive 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

IRQNCE E. Dhans 3