2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State **DOCUMENT # J53934** 05-15-2001 90039 034 ***150.00 A.T. & F. CONSTRUCTION, INC. Principal Place of Business Mailing Address 9500 SHORT LEAF CT. 9500 SHORT LEAF CT. APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2776940 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRAUTSCH, ALAN J. Street Address (P.O. Box Number is Not Acceptable) 4750 MALIC CRES APOPKA FL 32810 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. 10.0 egistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE TRAUTSCH, ALFRED NAME NAME STREET ADDRESS 9500 SHORT LEAF CT. STREET ADDRESS APOPKA FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE TRAUTSCH, ALAN, J NAME 4570 MALIK CRESENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE TRAUTSCH, MATTHEW NAME NAME 9500 SHORLEAF CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Change Addition TITLE ☐ Delete TRAUTSCH, PATRICIA NAME NAME STREET ADDRESS 9500 SHORTLEAF CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP apopka FL 32703 ☐ Change Addition ☐ Delete TITLE TRARTSCH, PAMELA NAME NAME 4570 MALIK CRESENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 ☐ Change Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/00)