2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 01, 2000 8:00 am Secretary of State **DOCUMENT # J66385** 1. Entity Name WALTER DAGGETT CONSTRUCTION COMPANY, INC. 09-01-2000 90056 004 ***550.00 Principal Place of Business Mailing Address 9355 SW 117TH TERRACE 9355 SW 117TH TERRACE MIAMI FL 33176 MIAM! FL 33176 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2184490 Not Applicable Country 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 DAGGETT, WALTER Street Address (P.O. Box Number is Not Acceptable) 9355 SW 117TH TERRACE **MIAMI FL 33176** 4 Zìp 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Change ☐ Addition CR2E034 (5/00 TITLE TITLE ☐ Delete DAGGETT, WALTER NAME MARKE STREET ADDRESS 9355 SW 117TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP **VSD** TITLE ☐ Delete ☐ Change Addition DAGGETT, PRESTON STREET ADDRESS 9355 SW 117TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIF Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITT-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE 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 suppliemental 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.

SIGNATURE:

TURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

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