2003 FOR PROFIT CORPORATION

FILED Apr 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR **DOCUMENT #** J84358 1. Entity Name 04-24-2003 90269 045 ***150.00 JAMES P. YOUNG CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 445 27TH AVE. S.W. SUITE D 815 23RD AVE 11013496 SUITE E VERO BEACH FL 32960 VERO BEACH FL 32968 2. Principal Place of Business 2127 10¹⁴ A 3. Mailing Address 2127 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-2816158 Not Applicable FRO \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, MARGARET C. Street Address (P.O. Box Number is Not Acceptable) 815 23RD AVENUE VERO BEACH FL 32960 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. I am familiar with, and accept the obligations of registere SIGNATURE . FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition ☐ Change TITLE ☐ Delete TITLE YOUNG, JAMES P. NAME NAME 815 23RD AVENUE STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME YOUNG, MARGARET C. NAME STREET ADDRESS 815 23RD AVE. STREET ADDRESS CITY-ST-ZIP VERO BCH FL CITY-ST-ZIP TITLE Delete -TITLE TO HOUSE -- == - - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP