2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # **J97259** ERRINGTON CONSTRUCTION, INC. 02-13-2001 90061 012 ***150.00 Principal Place of Business Mailing Address 2051 SUNNYDALE BLVD 2051 SUNNYDALE BLVD CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2849935 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ERRINGTON, RONALD E Street Address (P.O. Box Number is Not Acceptable) 2051 SUNNYDALE BLVD CLEARWATER FL 33765 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ERRINGTON, RONALD E NAME NAME STREET ADDRESS 415 LEEWARD ISLAND WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER BEACH FL 34630** ☐ Change ☐ Addition ☐ Delete TITLE WITT, GLENN D NAME 4221 EAGLE WATCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

ED NAME OF SIGNING