2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # K04695** 1. Entity Name CALL BILL BACKHOE, INC. 05-14-2001 90070 040 ***158.75 Principal Place of Business Mailing Address 4990 SW 52ND ST 101425 OVERSEAS HWY # 603 SUITE 211 KEY LARGO FL 33037 FT. LAUDERDALE FL 33314 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0032525 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUNDLACH. WILLIAM** Street Address (P.O. Box Number is Not Acceptable) 2780 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33306 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 11. ☐ Addition DST □ Delete TITLE NAME SELBY, EDITH E. NAME STREET ADDRESS STREET ADDRESS **470 SW PETERSBURG TERR** CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 Change ☐ Addition TITLE DP ☐ Delete TITLE NAME SELBY, WILLIAM H. NAME STREET ADDRESS **470 SW PETERSBURG TERR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 Change - Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

DITHESORY HONDOIS