2000 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2000 8:00 am **DOCUMENT # K19592 Secretary of State** 1. Entity Name CONSTRUCTION ASSURANCE GROUP, INC. 02-22-2000 90053 050 ***150 00 Principal Place of Business Mailing Address 2908-A BAY TO BAY BLVD. 2908-A BAY TO BAY BLVD. BU1123651 TAMPA FL 33629 TAMPA FL 33629-8113 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 59-2947774 Not Applicab Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANDIGE, ROBERT SETH Street Address (P.O. Box Number is Not Acceptable) 3125 VILLA ROSA AVENUE TAMPA FL 33611 City Zip Code 8. The above named whitty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE tered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, TITLE ☐ Delete TITLE ☐ Change SANDIGE, ROBERT SETH NAME NAME 3125 VILLA ROSA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addit ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addii ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addit Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Add: TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Add Add TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 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 informatio 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 direct 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 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 15 00

Daytime Phone #