2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # K39467** Feb 13, 2000 8:00 am 1. Entity Name **Secretary of State** ARMOUR BUILDERS, INC. 02-13-2000 90013 042 ***150.00 Principal Place of Business Mailing Address **479 TEQUESTA DRIVE** 479 TEQUESTA DRIVE STE 10 TEQUESTA FL 33469-3607 **TEQUESTA FL 33469** 2. Principal Place of Business 3. Mailing Address 371 FRAMKLIN FRANKLIN DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-2837879 TEOUESTA Ha. TEQUESTA Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired P. B.C Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Armory Andrew E. ARMOUR, ANDREW E. Street Address (P.O. Box Number is Not Acceptable) 479 TEQUESTA DR #10 **TEQUESTA FL 33469** FrankLIN 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. 1-13-2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE ☑ De ete TITLE AVMOUR ANDREW E ARMOUR, ANDREW E. NAME NAME 371 FRANKIIN Rd. 479 TEQUESTA DR #10 STREET ADDRESS STREET ADDRESS TEQUESTA. He. CITY-ST-7IP CITY-ST-ZIP TEQUESTA FL ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change 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 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. SIGNATURE: Daytime Phone

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR