FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # K39467** 1. Entity Name ARMOUR BUILDERS, INC. 01-31-2001 90273 008 ***150.00 Principal Place of Business Mailing Address 371 FRANKLIN RD 371 FRANKLIN RD TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address 15 BUMKER PIACE Bunken Place Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2837879 TEQUESTA Fla. TEQUESTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33469 B. County Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMOUR, ANDREW E. Street Address (P.O. Box Number is Not Acceptable) 371 FRANKLIN RD - change of address. Please TEQUESTA FL 33469 Zip Code 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. Monica 1. Armour Change TITLE ☐ Delete TITLE NAME ARMOUR, ANDREW E. NAME 15 BUNKER Place 15 BUNKER Place STREET ADDRESS STREET ADDRESS 371-FRANKLIN-RD Tequesta, 71a. 33469 CITY-ST-ZIP CITY-ST-ZIP TEQUESTA 7/a 33469 TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE □ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change 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:

ANDREW E. ARMOUR 1-03-01 746-552