2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K51687** Mar 08, 2000 8:00 am Secretary of State MICHAEL E. POWELL, GENERAL CONTRACTOR, INC. 03-08-2000 90036 012 ***150.00 Principal Place of Business Mailing Address % MICHAEL E. POWELL % MICHAEL E. POWELL 1019 SE 5TH TERR 1019 SE 5TH TERR CAPE CORAL FL 33990-2634 CAPE CORAL FL 33990 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0094916 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 Name POWELL, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) 1019 SE 5TH TERR CAPE CORAL FL 33990 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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. 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 ☐ Delete Change TITLE TITLE POWELL, MICHAEL E. NAME NAME 1019 SE 5TH TERR STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE MAYEAUX-POWELL CHERYL NAME NAME 1019 SE 5TH TERR STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Minael & Parcel

3/3/00

941-574-6782

Daytime Phone #