2002 UNIFORM BUSINESS REPORT (UBR)

May 09, 2002 8:00 am Secretary of State K54051 DOCUMENT # 1. Entity Name 05-09-2002 90074 036 ***150.00 CONSTRUCTION & ENGINEERING SERVICES CORPORATION Principal Place of Business Mailing Address 1030 SW 83RD AVE 1030 SW 83RD AVE NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0097130 Not Applicable Ζį́þ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLAIR, PATRICK Street Address (P.O. Box Number is Not Acceptable) 1030 SW 83RD AVENUE NORTH LAUDERDALE FL 33068 Zip Code City 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, typed or printed name of registered 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)PTS TITLE TITLE ☐ Delete ☐ Change Addition **BLAIR, PATRICK** NAME NAME 1030 SW 83RD AVE CR2E034 STREET ADDRESS STREET ADDRESS **NORTH LAUDERDALE FL 33068** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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

CITY-ST-7IP

FILED