2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am⁹ Secretary of State **FILED** DOCUMENT # K56914 1. Entity Name 05-14-2002 90325 022 ***150.00 JERRY'S CONCRETE SAWING, INCORPORATED Principal Place of Business Mailing Address C/O GERALD T. BRYSON C/O GERALD T. BRYSON R0100280 224 CHERRYWOOD DRIVE 224 CHERRYWOOD DRIVE MAITLAND FL 32751 MAITLAND FL 32751 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 59-2925700 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYSON, SHARON Street Address (P.O. Box Number is Not Acceptable) 224 CHERRYWOOD DRIVE MAITLAND FL 32751 City 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9.7 This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Addition TITLE TITLE Change BRYSON, SHARON NAME NAME 224 CHERRYWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition BRYSON, THOMAS L. NAME NAME STREET ADDRESS 224 CHERRYWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL TITLE Delete TITLE . __ Change ☐ Addition _ NAME BRYSON, SHARON NAME STREET ADDRESS 224 CHERRYWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete ☐ Change NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition 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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP