FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # K68215 1. Entity Name 02 DEC 16 AM 8: 01 ERC General Contracting Services, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 890 Carter Road 890 Carter Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 170 City & State City & State 4. FEI Number Applied For 59-2933293 Winter Garden, Florida Winter Garden, Florida Not Applicable ^{Zip} 34787 Country Country \$8.75 Additional 5. Certificate of Status Desired 34787 USA USA Fee Required 7. Name and Address of Current Registered Agent <u>Jerry L. Pinder</u> DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 720 Keaton Parkway Zip Code 1 Ocoee 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. stered agent and title if applicable (NOTL: Registered Agent signature required when reinstating) DAIL January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CRZE034B (12/01) TITLE PSTA NAME Pinder, Jerry L. STREET ADDRESS 720 Keaton Parkway NAME STREET ADDRESS Dcoee FL 34761 CITY-ST-ZIP CITY - ST- ZIP TITLE TITLE NAME Pinder, Pamela N NAME 800009521948 STREET ADDRESS 720 Keaton Parkway STREET ADDRESS 12/16/02--01044--004 **70.00 CITY-ST-ZIP Dcoee FL 34761 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 on an attachment with an address, with all other like empowered. SIGNATURE: < TED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/02 00