FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # L04140 1. Entity Name TRIMBLE CONTRACTING, INC. 04-11-2001 90137 014 ***150.00 Principal Place of Business Mailing Address 68 GOFORTH BLVD **68 GOFORTH BLVD** PORT ST LUCIE FL 34952 PORT CT LUCIE FL 34952 C0045488 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 65-0136179 Not Applicable Country Zip Zip 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 KRAMER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 6650 W INDIANTOWN RD SUITE 200 JUPITER FL 33458 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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. 12. TITLE ☐ Delete TRIMBLE, PHILIP R NAME NAME STREET ADDRESS 4974 NW FOXWORTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME- -NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Chance ☐ Addition 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 R. TRIMBLE 4/04/01 561-465. 3200 SIGNATURE: