FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mar 03, 2003 8:00 am & Secretary of State DOCUMENT # L09076 1. Entity Name 03-03-2003 90903 047 ***150 00 J.H. BUHLER CONSTRUCTION, INC. Principal Place of Business Mailing Address C/O J.H. BUHLER SR. C/O J.H. BUHLER SR. 10031303 2420 MALABAR RD P.O. BOX 500366 MALABAR FL 32950 MALABAR FL 32950-0366 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2963682 Not Applicable Zip Country Zip 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 JOSEPH H. BUHLER, SR MULARCHUK, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 2420~MALABAR~RD400 EAST MERRITT AVENUE SUITE D MERRITT ISLAND FL 32953 City MALABAR 32950 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. I am familiar with, and accept the obligations of registered agent NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME BUHLER, JOSEPH H. SR. NAME STREET ADDRESS 2420 MALABAR ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALABAR FL 32950 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME BUHLER, JOSEPH H. JR. STREET ADDRESS 2420 MALARBAR ROAD STREET ADDRESS CITY-ST-ZIP MALABAR FL CITY-ST-ZIP TITLE Delete - -TIT).E _ Change Addition ST . -- . -- . -NAME **BUHLER, CAROLINE** NAME STREET ADDRESS STREET ADDRESS 2420 MALABAR ROAD CITY-ST-ZIP CITY-ST-ZIP MALABAR FL 32950 TITLE ☐ Delete TITLE ☐ Change ☐ 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-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #