2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State L20421 DOCUMENT # 1. Entity Name 04-22-2002 90193 008 ***150.00 E.T.L. CONSTRUCTION CO. Principal Place of Business Mailing Address C/O LINDA A. LEWIS C/O LINDA A. LEWIS **DUU/0146** 2280 BRUNER LANE SE 2280 BRUNER LANE SE FORT MYERS FL 33912 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0154085 Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEWIS, LINDA A. Street Address (P.O. Box Number is Not Acceptable) 2280 BRUNER LANE SE FORT MYERS FL 33912 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 12. 11. CR2E034 (9/01) Change ☐ Addition Delete TITLE TITLE LEWIS. TED JR. NAME NAME 2280 BRUNER LANE SE STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete LEWIS, UNDA A. NAME NAME 2280 BRUNER LANE SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL CITY-ST-ZIP ☐ Change Addition TITI F Delete NAME LEWIS, TED JR. NAME. STREET ADDRESS 2280 BRUNER LANE SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 eport 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 true ee 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.

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