FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # L22501** 1. Entity Name CONTINENTAL CONSTRUCTION OF SOUTHWEST FLORIDA, I 01-20-2000 90215 030 ***158.75 Principal Place of Business Mailing Address 1262 THIRD ST SOUTH 1262 THIRD ST. SOUTH 807521 SUITE F NAPLES FL 33940 NAPLES FL 34102-6214 US 2. Principal Place of Business 3. Mailing Address 1150 CENTRAL AVE 1150 C'ENTRAL Sue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0154112 Not Applicable \$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 Name SILVERIO, MARK V Street Address (P.O. Box Number is Not Acceptable) 44 WEST FLAGLER STREET **SUITE 2450** MIAMI FL 33130 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 (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, 2000 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. Change TITLE ☐ Delete DONCAN, AYLES NAME DUNCAN, AYLES 1150 CENTRAL AUC STREET ADDRESS 1262 THIRD STREET SOUTH SUITE F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition TITLE ☐ Delete TITLE yurphy JAMES T. MURPHY, JAMES T NAME NAME UND CEUTRAL AVE WAPLES, IL 34102 1262 THIRD ST SOUTH STE F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

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NAME

TITLE

NAME

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

3[7]

Daytime Phone #

Change

☐ Change

■ Addition

☐ Addition