2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** L57652 1. Entity Name DESIGN CONSTRUCTION & REMODELING, INC. 04-22-2002 90192 039 ***150.00 Principal Place of Business Mailing Address C/O RONALD XAVIER DE FRANCISCO JR. C/O RONALD XAVIER DE FRANCISCO JR. DOTIVIOUS 5810 NW 12 CT 5810 NW 12 CT SUNRISE FL 33313 SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0175773 Not Applicable Country Zip 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 Name DE FRANCISCO, RONALD XAVIER JR. Street Äddress (P.O. Box Number is Not Acceptable) 5810 NW 12 CT SUNRISE FL 33313 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Addition ☐ Delete DE FRANCISCO, RONALD X. NAME 5810 NW 12 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME DEFRANCISCO, RONALD X. SR. NAME STREET ADDRESS 1291 NW 60 AVE STREET ADDRESS CITY-ST-ZIE SUNRISE FL CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME DEFRANCISCO, DANIEL NAME 7956 RIDGEWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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

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