2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** L76592 DOCUMENT # 1. Entity Name GAUDET CONSTRUCTION, INC. Principal Place of Business Mailing Address 861 JUPITER PARK DR. STE A 861 JUPITER PARK DR. STE A JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 65-0193929 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 Name SAME GAUDET, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) -420-CLEMATIS ST WEST PALM BEACH FL 33401 JUPITER PARK DR. JUPITER 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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. 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 Change Addition TITLE ☐ Delete GAUDET, JOSEPH E NAME NAME STREET ADDRESS 861 JUPITER PARK DR, STE A STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE Addition GAUDET, JOSEPH E JR. NAME NAME STREET ADDRESS 861 JUPITER PARK DR, STE A STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP **VP** TITLE ☐ Delete TITLE Change □ Addition NAME² GAUDET, ROBERT S ------NAME STREET ADDRESS STREET ADDRESS 861 JUPITER PARK DR. STE A CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 emporared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment wit

SIGNATURE AND TIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #