سميرا المخارج

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L93917 03 NOV 19 AH 10: 25 1. Entity Name BUBBA'S CONSTRUCTION OF LMS, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 13469 N. HWY 441/27 13469 N. HWY 441/27 LADY LAKE, FL 32159 LADY LAKE, FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. TO CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 59-3029331 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 LORD, GARY 13469 N HWY 441/27 Street Address (P.O. Box Number is Not Acceptable) LADY LAKE, FL 32159 City Zin Code 8. The above named entity supprise 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 (NOTE: Revisional Agents ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR Is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition CR2E034 (10/02) TITLE TITLE Delete DEAN, WillARD WAYNE 4324 GRIFFIN VIEW DR. LADY LAKE FL 32159 RUSSELL, JAMES RODDY NAME NAMÉ STREET ADDRESS 13469 N. HWY 441/27 STREET ADDRESS LADY LAKE, FL 32159 CITY-ST-21P CITY-ST-ZIP ☐ Change PD TITLE TITLE ☐ Delete NAME LORD, GARY NAME 500025069345 11/26/03--01040--005 **61. STREET ADDRESS STREET ADDRESS 13469 N. HWY 441/27 LADY LAKE, FL 32159 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE VD ☐ Delete TITLE NAME MELLORS, DENISE NAME STREET ADDRESS 13469 N. HWY 441/27 STREET ADDRESS CITY-ST-ZIP LADY LAKE, FL 32159 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-2P ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7P

12. I hereby certify that the information supplied with this filling 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 surfacemental 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 received 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.

SIGNATURE:

11/19/03

352-753-2023

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR