2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF

SIGNATURE:

MI-(2003)

ITED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # L94969 May 17, 2000 8:00 am Secretary of State 1. Entity Name LMC CONTRACTING, INC. 05-17-2000 90859 047 ***150.00 Mailing Address Principal Place of Business 237 HONT CLUB BLVD STE 202 237 HUNT CLUB BLVD LONGWOOD FL 32779 **STE 202** LONGWOOD FL 32779-7114 US 2. Principal Place of Business 3. Mailing Address. ___ en DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt #, etc. Applied For City & State City & State 4. FEI Number 59-3134782 Not Applicable 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 tabrizio FABRIZIO, LOUIS R. 543 SUN RIDGE PL STE 208 ዄ ALTAMONTE SPRINGS FL 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 12. 11. ☐ Addition Delete TITLE Fabrizio, Louis P FABRIZIO, LOUIS R NAME 144 Holderness Dr. STREET ADDRESS STREET ADDRESS 543 SUND RIDGE PL STE 208 CITY-ST-7IP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Change ☐ Addition - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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