2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # L95581** Feb 20, 2000 8:00 am **Secretary of State** PRINCIPLE CONSTRUCTION, INC. 02-20-2000 90030 048 ***150.00 Principal Place of Business Mailing Address 3119 SPRING GLEN RD 3119 SPRING GLEN RD #110 JACKSONVILLE FL 32207-5921 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3022568 Not Applicable Country Zip _ _ Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHENS, LEON, JR. Street Address (P.O. Box Number is Not Acceptable) 3119 SPRING GLEN RD SUITE 110 JACKSONVILLE FL 32207 Zip Code 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 DATE 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. 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 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE T(T) E STEPHENS, LEON, JR. NAME STREET ADDRESS 3119 SPRING GLEN RD., STE. 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

E. Leon Stephens,

904-398-3525

Daytime Phone #

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

SIGNATURE AND TYPED OR PE