2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2000 08:00 AM DOCUMENT # M41195 1. Entity Name **Secretary of State** RAB CONSTRUCTION COMPANY Principal Place of Business Mailing Address C/O RICHARD A. BIRD C/O RICHARD A. BIRD 2687 N. OCEAN BLVD. 2687 N. OCEAN BLVD. BOCA RATON FL BOCA RATON FL 33431 33431 2. Principal Place of Business 3. Mailing Address C/O RICHARD A. BIRD C/O RICHARD A. BIRD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2687 N. OCEAN BLVD. 2687 N. OCEAN BLVD. City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON FL. 59-2735363 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33431 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIRD, RICHARD A. 2687 N. OCEAN BLVD. Street Address (P.O. Box Number is Not Acceptable) BOCA RATON 33431 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. 03/13/2000 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. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD TILE ☐ Detete X Change ☐ Addition BIRD, RICHARD A. NAME BIRD, RICHARD A. STREET ADDRESS 2687 N. OCEAN BLVD. STREET ADDRESS 2687 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON \mathbf{FL} BOCA RATON 33431 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIF CITY-ST-718 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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