2001 UNIFORM BUSINESS REPORT (UER) FILED Mar 27, 2001 8:00 am DOCUMENT # M&1753 **Secretary of State** A. G. CONSTRUCTION & DEVELOPMENT CO. INC 03-27-2001 90315 040 ***150.00 501 N. ORLANDO AUE. 501 N. ORLANDO AUE

SUITE 233 Principal Place of Business WiNTER PARK-FL. 32789 WINTER PAKK-FL. 32789

Principal Place of Business 3. Mailing Address A0038311 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 7.-Name and Address of New Registered Agent ____ 6. Name and Address of Current Registered Agent :-GHANDOUR, AHMAD Street Address (P.O. Box Number is Not Acceptable) 2880 ASHTON TERRACE OVIEDO - FL. 32765 Zip Code City 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 3/19/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Φ.. Trust Eund:Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (11/00) TITLE GHANDOUR, A HMAD [2880 ASHTON TERRACE STREET ADDRESS STREET ADDRESS OVIEDO - FL. 32765 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition. Delete -☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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. SIGNATURE: TURE AND TYPED OR PRINTED NAME O