## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Jeffrey Stephend

SIGNATURE AND TYPER OR PRINTED TAME OF SIGNING MANAGING DEMBER OR MANAGER

| DOCUMENT # M9600000086  1. Entity Name BSW CONSTRUCTION SERVICES, L.L.C.  |   |   |  | FILED  00 JAN 14 PM 4: 01  SECRETARY OF STATE TALLAHASSEE, FLORIDA                                       |   |
|---|---|---|--|--|---|
|   |   |   |  |  |   |
| SUITE 100 SUITE 100   |   | one west third street<br>Suite 100<br>Tulsa ok 74103-3532 | r. Suite 100                             |  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                       |  | DO NOT WRITE IN THIS SPACE   |   |
| City & State  |   | City & State  |  | 4. FEI Number 73-1485401   | Applied For   Not Applicable                                      |
| Zip<br>   | Country   | Zip<br>74103–3505   | Country                                  | 5. Certificate of Status Desired   | \$5.00 Additional Fee Required                                    |
|   | 6. Name and Address of Current  | Registered Agent  | Name                                     | 7. Name and Address of New R   | egistered Agent   |
| C T CORPORATION SYSTEM<br>% CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION FL 33324  |   |   |  | s (P.O. Box Number is Not Acceptable   | FL 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. |   |   |  |  |   |
| 8. The above  | named entity submits this statement f   | or the purpose of changing its                            | registered office or regist              | tered agent, or both, in the State of Flo  | ida.  |
| SIGNATURE   | Signature, typed or printed name of registered agen   | t and title if applicable. (NOTE                          | : Registered Agent signature requi       | ired when reinstating)   | DATE  |
|   |   |   | OW!!! FEE IS \$50.00 yable to Department |  |   |
| 9.  | MANAGING MEM  | BERS/MEMBERS  | 10.                                      | ADDITIONS/   |   |
| ШГ  | MGR   | Deleta  | TITLE                                    |  | Change Addition   |
| NAME<br>STREET ADORESS<br>CITY-ST-ZIP   | ONE WEST THIRD ST., SUITE 100   |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | 1000031<br>-01/21/   | 056517  |
| TITLE<br>MAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>STEPHENS, JEFFREY L<br>ONE WEST THIRD ST., SUITE 1<br>TULSA OK 74103-3505  | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    | *****  |   |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete  | TITLE MAME STREET ADDRESS CITY-ST-ZIP    |  | Change Addition   |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP   | ,   | ☐ Delicts   | TITLE MAME STREET ADORESS CITY-87-ZIP    |  | ☐ Change ☐ Addition   |
| TITLE MANGE STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delista   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  | ☐ Change ☐ Addition   |
| TITLÇ!<br>MAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  | ☐ Change ☐ Addition   |
| 11. I hereby of indicated   | Describe that the information supplied will on this report is true and accurate an billib company or the receiver or truster. | d that my signature shall have t                          | the same legal effect as i               | Section 119.07(3)(i), Florida Statutes. If made under oath; that I am a managenter 608. Florida Statutes | further certify that the information ing member or manager of the |

1/06/2000

(918) 582-8771

Daytime Phone #