2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P0000005308 1. Entity Name SOUTHEAST CONTRACTOR SERVICES, INC. 04-20-2001 90018 046 ***150.00 Mailing Address Principal Place of Business 9648 GOLF STATE PARK CIRCLE 9648 GOLF STATE PARK CIRCLE **BOCA RATON FL 33428** BOCA RATON FL 33428 2. Principal Place of Business 733 N.W. W. Street DO NOT WRITE IN THIS SPACE Applied For y & State 4. FE Number 45-0975686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 9648 GOLF STATE PARK CIRCLE 733 H.W (4th Street Address (P.O. Box Number is Not Acceptable) BOCARROTON FI 33486 BOCA RATON FL: 33428 STREET 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. 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, 2001 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. JUDE A. ENDRES Change ☐ Addition TITLE ☐ Delete TITLE 733 N.W. 6TH STREET ENDRES, JUDE A NAME NAME STREET ADDRESS 9648 GOLF STATE PARK CIRCLE STREET ADDRESS FL 33486 BOCA RATON CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** MICHAEL ENDRES Change MIKE Endres Addition ☐ Delete TITLE TITLE 733 N.W. 6TH STREET 733 N.W uth street NAME NAME BOCA RATION FL 33486 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition 🗀 Delete ШΕ TITI F 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 TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. It 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 entrustee 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, SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR