2001	UNIFORM BUSI	NESS REPO	RT (UB	R) 4	AMENDED			
DOCUMENT # P0000009021 1. Entity Name					TILED			
DIAMONDBACK CONSTRUCTION, INC.					SECRETARY OF STATE SIMPSION OF CORPORATION			
Principal Place of Business - Mailing Address					☐ 01 JUN 28 AM 8: 03			
·		Champion Drive			0, 00, 00			
	ssville, FL 34601 Bro	-						
Principal Place of Business 3. Mailing Address			· · · · · · · · · · · · · · · · · · ·					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			. DO NOT WRITE IN THIS SPACE			
City & State	е	City & State	City & State		FEI Number 59-3628714			oplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired		3.75 Add Require	
	6. Name and Address of Current F	Registered Agent	Nama	7.	Name and Address of New Re	gistered Age	ent	
Ámund		Name						
Amundsen, David H. 500 Champion Drive			Street /	Address (P.O. Box Number is Not Acceptable)				
	sville, FL 34601							
			City			FL	Zip Cod	e
9 The chave	named entity submits this statement for	the purpose of changing its r	agistared office of	v ragistarad as	agent or both in the State of Flor			
. The above	named entity submits this statement for	the purpose of changing its re	egistered office t	n registered aç	gent, or both, at the State of Flor	lua.		
SIGNATURE .	•							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signa	iture required when r	reinstating)	DATE		·
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. See criteria on back)			1 Fee will be \$	550.00	10. Election Campaign Fina Trust Fund Contribution			0 May Be i to Fees
11.	OFFICERS AND I	<u> </u>	12.		DDITIONS/CHANGES TO OFFI	ČERS AND DI	RECTOR	S IN 11
TITLE	D -	☐ Delete	TITLE	D/P	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME	Amundsen, David H.		NAME STREET ADDRESS		DEN, DAVID H.			
STREET ADDRESS , CITY-ST-ZIP	s 500 Champion Drive Brooksville, FL 34601			500 CHAMPION DRIVE				
TITLE	BIGORSVIIIE, IL 54001			BROOKSUILLE, FL 34601 VP Change Scheddition				
NAME		□ Delete	TITLE NAME	Goff,	Mark	,	_ change	AA OUNT
STREET ADDRESS	المسر سائعات المالي		STREET ADDRESS	10268	B PRESTON RD			
CITY-ST-ZIP			CITY-ST-ZIP	BROOK	SULLE, FL 3	4601		
-TITLE		Delete -	- TITLE	S	. The same	∯arioni □]-Chañge	XX Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	Thomps	on, Randall	سو ب		
CITY-ST-ZIP			CITY-ST-ZIP		OLD CALIFORNIA KSVILLE, FC		7	
TITLE		☐ Delete	TITLE	137200	COULCE, IC		Change	☐ Addition
NAME	•		NAME		5000044	4675	65-	5
STREET ADDRESS		•	STREET ADDRESS		-07/10/	01010)59(010
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	31.25 <u>∗</u>		
TITLE NAME		☐ Delete	TITLE NAME	1:	10	ماء ــــــــــــــــــــــــــــــــــــ	Change	Addition
STREET ADDRESS			STREET ADDRESS		K	$1/\sqrt{4}$		
CITY-ST-ZIP			CITY-ST-ZIP		hi.			
TITLE		☐ Delete	TITLE] Change	Addition
NAME		•	NAME STREET ADDRESS		•			
STREET ADDRESS			■ STREET ADDRESS	1				f

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 🔏

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR