FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 20, 2002 8:00 am P00000015847 DOCUMENT # **Secretary of State** 1. Entity Name **B&R STRUCTURAL FRAMING INC.** 02-20-2002 90066 007 ***150 00 Principal Place of Business Mailing Address 5731 BRIARWOOD WAY 5731 BRIARWOOD WAY DAVIE FL 33331 DAVIE FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0963654 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUNTING, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 5731 BRIARWOOD WAY DAVIE FL 33331 City 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 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund 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. TITLE . TITI F Addition ☐ Delete Change BUNTING, RICHARD D NAMÉ NAME **5731 BRIARWOOD WAY** STREET ADDRESS STREET ADDRESS **DAVIE FL 33331** CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Change ☐ Addition ☐ Delete GREATREX, WALTER NAME NAME 5731 BRIARWOOD WAY STREET ADDRESS STREET ADDRESS **DAVIE FL 33331** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.