FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 23, 2002 8:00 am Secretary of State DOCUMENT # P00000036816 1. Entity Name 05-23-2002 90052 023 ***150 00 RON HARVEY DRYWALL CONSTRUCTION, INC. Principal Place of Business Mailing Address 3390 DOTHAN AVENUE 3390 DOTHAN AVENUE SPRING HILL FL 34609 SPRING HILL FL 34609 Principal Place of Business Mailing Address Vene+1A Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3635542 Not Applicable \$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 HARVEY, RON Street Address (P.O. Box Number is Not Acceptable) 3390 DOTHAN AVENUE SPRING HILL FL 34609 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) Change ☐ Addition TITLE ☐ Delete TITLE HARVEY, RON NAME NAME 254 Venetia DR CR2E034 STREET ADDRESS 3390 DOTHAN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete TITLE ☐ Addition NAME NAME HARVEY, LISA STREET ADDRESS STREET ADDRESS 3390 DOTHAN AVENUE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 - Delete - Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE: A CONCINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CITY-ST-ZIP

4/30/02 1351/658-3418