2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000055043 LEE MARTINEZ CONSTRUCTION, INC. 5-14-2001 90250 029 ***158.75 Principal Place of Business Mailing Address P.O. BOX 1698 P.O. BOX 1698 PALMETTO FL 34220 PALMETTO FL 34220 2. Principal Place of Business 3. Mailing Address 2007 201 2007 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 65-1039536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREWETT. DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 Zip Code City 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, 2001 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 TITLE ☐ Delete TITLE MARTINEZ, LIBORIO NAME NAME STREET ADDRESS 1409 3RD AVENUE EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE MARTINEZ, ALEJANDRO NAME NAME STREET ADDRESS 1409 3RD AVENUE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition ☐ Delete TITLE ☐ Change TITLE **GUERRERO, CARLOS** NAME NAME STREET ADDRESS 1409 3RD AVENUE EAST STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP **BRADENTON FL 34208** ☐ Delete TITLE Addition (TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Addition 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

1-8-00

(941) 75

720 1702

Daytime Phone #