2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000056961

1. Entity Name PLI CONTRACTORS, INC.

Principal Place of Business 5514 PARK BLVD

Mailing Address

PINELLAS PARK FL 33781

5514 PARK BLVD. PINELLAS PARK FL 33781

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED May 12, 2001 8:00 am Secretary of State

05-12-2001 90014 049 ***150.00



DO NOT WRITE IN THIS SPACE

DATE

| City & State | <u>.</u> | City & State | | | 4. FEI Number Applied For Not Applicable | | | | | |
|---|---------------------|--------------|------|--|--|--|--|--|--|--|
| Zip | Country Zip Co | | Cour | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| ENGI AN | DÉR, LEÓNARD S ESQ. | | | Name | | | | | | |
| 721 1ST AVENUE NORTH | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |

(NOTE: Registered Agent signature required when reinstating)

31. PETEKSBUKG FL 33/01

Zip Code City

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8. The above named entity submits this statement for the ourgose of changing its registered office or registered agent, or both, in the State of Florida.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| (See criteria on back) | | Make Check Payable | Make Check Payable to Department of State | | | | | | |
|--|--|--------------------|---|---------------------------|-------------------------------------|----------------------|----------|------------|--|
| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENGLANDER, LEONARD S 721 1ST AVENUE NORTH ST. PETERSBURG FL 33701 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Bassy | J. Sante Park Blud Ls Park. 1 | are. ! >L 3378 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 01.72.2.000.10.72.00.01 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2000 | | elleir | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Roger 5514 Pinell | b. broder Park blud | yck Fl 337 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jame 5514 7ine | s R. Clas Parek blu | Ì | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ De/ete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition | |

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 a paddress, with amother like empowered.

SIGNATURE: