2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

Apr 29, 2002 8:00 am Secretary of State P00000059112 DOCUMENT # 1. Entity Name MARCO ISLAND CONSTRUCTION CORP. 04-29-2002 90131 012 ***150.00 Mailing Address Principal Place of Business 148 HOLLYHOCK COURT P.O. BOX 1251 MARCO ISLAND FL 34145 MARCO ISLAND FL 34146 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3654457 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOODWARD, CRAIG R Street Address (P.O. Box Number is Not Acceptable) WOODWARD, PIRES & LOMBARDO, P.A. 606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND FL 34146 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 11. ☐ Delete **★** Addition TITLE TITLE Buddemeyor ROSENBLUM, GERALD S NAME NAME 148 HOLLYHOCK COURT STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ADAMS, CHRIS NAME NAME 166 KIRKWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE__ ☐ Delete TITLE Change ☐ 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-ZIP CITY-ST-ZIE Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED