FILED 2003 FOR PROFIT CORPORATION May 02, $\overline{2003}$ 8:00 am $\frac{8}{5}$ UNIFORM BUSINESS REPORT (UBR) Secretary of State P00000077988 DOCUMENT # 05-02-2003 90728 048 ***150.00 1. Entity Name U.S. COMMERCIAL CONSTRUCTION, INC. Principal Place of Business Mailing Address 444 LEMON ST 444 LEMON ST. TARPON SPRINGS FI 34689 TARPON: SPRINGS-FL 34689 2. Principal Place of Business 3. Mailing Address 5934 Trasble ☐ CHECK HERE IF MAKING CHANGES Applied For City & State FEI Number 59-3665001 Not Applicable Country \$8.75 Additional 74 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWCOMER, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 444 LEMON ST TARPON SPRINGS FL 34689 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITI F ☐ Delete TITLE Change NEWCOMER, CHARLES H NAME NAME 444*LEMON*ST STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL-34689 CiTY-ST-7IP CITY-ST-ZIP Addition TITLE SD ☑ Delete TITLE Change NAME PERITY DOUGLAS A NAME STREET ADDRESS 444 LEMON ST STREET ADDRESS TARPON SPRINGS FL 34889 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NEWCOMER, TOMIKO NAME NAME STREET ADDRESS STREET ADDRESS 444 Lemon St CITY-ST-7IP CITY-ST-ZIP Tarpontoprings fl 34689 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with a paddress, with the like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #