2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P00000088133 1. Entity Name ZHA CONSTRUCTION SERVICES, INC. 04-10-2001 90013 043 ***150.00 Principal Place of Business Mailing Address 306B CENTRE STREET 306B CENTRE STREET FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3676204 City & State City & State Applied For Not Applicable Zip Country Zip Country \$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 Name BARKER, EARL M JR Street Address (P.O. Box Number is Not Acceptable) 334 EAST DUVAL STREET JACKSONVILLE FL 32203-2718 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** 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, 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. D,P,T ☐ Change Addition Delete TITLE TIT! F Humburg, Howard H. NAME NAME 306-B Centre St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fernandina Beach, FL 32034 D, VP, S ☐ Delete TITLE ☐ Change Addition NAME Zona, John III NAME STREET ADDRESS STREET ADDRESS 306-B Centre St. CITY-ST-ZIP CITY-ST-ZIP Fernandina Beach, FL 32034 ☐ Change TITLE TITLE Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of trusted 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.

III march 22, 2001