FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P00000094327 1. Entity Name 04-29-2002 90124 043 ***150.00 T & D CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 3317 SW 19TH ST 3317 SW 19TH ST FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1113916 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 HANEY, TAMMY H Street Address (P.O. Box Number is Not Acceptable) 3317 SW 19TH ST FT. LAUDERDALE FL 33312 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 Signature, byped 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01) **D**Change fischer Dietea NAME FISCHER, DUTRA L NAME 2842 SW13th Ct STREET ADDRESS 2842 SW 13TH CT STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33312 CITY-ST-ZIP It handerdale FL 33312 TITLE ☐ Delete ☐ Addition TITLE NAME HANEY, TAMMY J NAME STREET ADDRESS 3317 SW 19TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 TITLE ☐ Delete TITLE 🗀 Change ☐ 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-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.