FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 23, 2002 8:00 am Secretary of State 06-23-2002 90504 015 ***150.00

| DOCUMENT # COOD ON 96099 1. Entity Name Southern Block and Brick, +HC | į. | |
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| Southern Block and Brick, | THC THC | | |
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| DO NOT WRITE IN THIS SP | PACE | | |
| 2. Principal Place of Business 30440 State Doct 44 P. O. Box 45 Suite, Apt. #, etc. Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE | | |
| City & State | Applied For Not Applied For Not Applied For Not Applicable Country 5. Certificate of Status Desired Fee Required Applied For Not Applicable | | |
| DO-NOT-WRITE | 7. Name and Address of Current Registered Agent Name Glen Edward Hurley Street Address (P.O. Box Number is Not Acceptable) | | |
| IN THIS SPACE 8. The above named entity submits this statement for the ourcose of changing its re | City EUSUS FL Zip Code 3500 State of Florida | | |
| 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, **pped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| Tax filing requirement and elects to do so. After May 1 Amended | ay 1 Fee is \$150.00 1, Fee Is \$550.00 10. Election Campaign Financing \$5.00 May Be 1 UBR is \$61.25 1 Trust Fund Contribution. Added to Fees 1 to Department of State | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP GIEN Edward Hurley | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME TO Brannon Keith Cummings STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP DROPHO 21 32712 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET AODRESS CITY-ST-ZIP DO NOT WRITE | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stated in Section 110 07(3)(i) Florida Statutes I further parties that the information | | |

Increby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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