Daytime Phone #

## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED

## Apr 11, 2002 8:00 am Secretary of State P00000102203 DOCUMENT # 1. Entity Name SEDA CONSTRUCTION & RESTORATION, INC. 04-11-2002 90081 032 \*\*\*150.00 Mailing Address Principal Place of Business 2120 CORPORATE SOUARE BOULEVARD 2120 CORPORATE SQUARE BOULEVARD SUITE 3 SUITE 3 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3695517 Not Applicable Country\_\_\_ **\$8.75**. Additional: Zip\_ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEMANIK, JOHN A Street Address (P.O. Box Number is Not Acceptable) 2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE FL 32216 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. 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, 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. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE SEMANIK, JOHN A MR. NAME NAME 2120 CORPORATE SQUARE BOULEVARD #3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE CARPENTER, KATHERINE S NAME NAME STREET ADDRESS 2120 CORPORATE SQ BLVD #3 STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change **X** Addition TITI F SEMANIK, ARNOLD J. NAME NAME 2120 CORPORATE SQ. BLUD. #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FU 32216 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR