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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # P00000106534 **Secretary of State** 1. Entity Name 02-05-2002 90043 009 ***150.00 C&M CONSTRUCTORS OF CASSELBERRY, INC. Principal Place of Business Mailing Address 405 BRIDLE PATH 405 BRIDLE PATH CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3681937 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 HIMO, CARY L Street Address (P.O. Box Number is Not Acceptable) 405 BRIDLE PATH CASSELBERRY FL 32707 Zip Code City 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME HIMO, CARY L NAME STREET ADDRESS **405 BRIDLE PATH** STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WOODWARD-HIMO, MICHELE NAME STREET ADDRESS **405 BRIDLE PATH** STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP 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-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition 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

SIGNATURE:

L. Johns 1-20-01