2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2001 8:00 am Secretary of State DOCUMENT # P00000111008 1. Entity Name DRJ CONSTRUCTION MANAGEMENT SERVICES, INC. 02-26-2001 90510 041 ***158.75 Principal Place of Business Mailing Address 810 BAYSIDE LANE 810 BAYSIDE LANE WESTON FL 33326 WESTON FL 33326 3. Mailing Address 2. Principal Place of Business 1915T. ST. 3300 N.E. 191st. 3300 N.E Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 1614 4. FEI Number Applied For City & State FL 65-1062293 Not Applicable Aventuer Country \$8.75 Additional Country 5. Certificate of Status Desired 33180 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENNER DAVID JENNER, DAVID R Street Address (P.O. Box Number is Not Acceptable) 810 BAYSIDE LANE WESTON FL 33326 STREE 191 ST. 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 david R. Jenher PRESIDENT (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, 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 PRESIDENT Change ☐ Addition TITLE ☐ Delete TITLE D JENNER, DAVID & STREET NAME NAME JENNER, DAVID R STREET ADDRESS STREET ADDRESS 810 BAYSIDE LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change _____Addition_ Delete ---TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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.

JENNER PRESIDEI

SIGNATURE: DAVID Q, SANTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

2/19/01

(35)869 -3418