2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P01000001154 1. Entity Name OCEANSIDE CONTRACTORS, INC. 03-12-2001 90424 015 ***150.00 Principal Place of Business Mailing Address 2901 WEST OAKLAND PARK BLVD. 2901 WEST OAKLAND PARK BLVD. SUITE B-16 SUITE B-16 OAKLAND PARK FL 33311 OAKLAND PARK FL 33311 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-1068980 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEE, ROOSEVELT Street Address (P.O. Box Number is Not Acceptable) 2901 WEST OAKLAND PARK BLVD. SUITE B-16-OAKLAND PARK FL 33311 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. DATE Signature, typed 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE D NAME NAME LEE. ROOSEVELT STREET ADDRESS STREET ADDRESS 2901 WEST OAKLAND PARK BLVD. SUITE B-16 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33311 x☐ Addition ☐ Change TITLE Vice President V. Radent President ☐ Delete TITLE ALTORY Lee -Altony Lee Jr. 1420 S.W 6th St. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Deerfield Beach FL ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

OR PRINTED NAME OF SIGNING OFFICER OR D