FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2003 8:00 am **Secretary of State** P01000017854 **DOCUMENT #** 01-27-2003 90308 043 \*\*\*150.00 1. Entity Name B & D CONTRACTING, INC. Principal Place of Business Mailing Address 709M TALLEYGRAND AVE 6956 OAKWOOD STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3693038 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 SMTIH, BERNADETTE D Street Address (P.O. Box Number is Not Acceptable) 6956 OAKWOOD STREET JACKSONVILLE FL 32208 City Zip Code 8. The above named entity submits this statem for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE ☐ Delete TITLE Change Addition NAME SMITH, BERNADETTE D NAME STREET ADDRESS 709 TALLEGRAND AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32208 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition PD NAME NAME DAVID. SMITH STREET ADDRESS STREET ADDRESS 709 TALLEYGRAND AVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 \_\_\_\_.Change ☐ Addition TITLE TD ~ □ Delete TITLE NAME NAME registra, thomas STREET ADDRESS STREET ADDRESS 709 TALLEYGRAND AVE STE 3 CITY-ST-ZIP CITY-ST-ZIF Jacksonville FL 32212 TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KEVIN, CARTER STREET ADDRESS STREET ADDRESS 709 TALLEY GRANDE AVE CITY-ST-ZIF CITY-ST-ZIP JACKSONVILLE FL 32202 ÎITI F TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME

12. 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP