2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State P01000018923 DOCUMENT # 1. Entity Name 04-30-2002 90183 037 ***150.00 F & S COMMERCIAL CONSTRUCTION, INC. Mailing Address Principal Place of Business 2522 W KENNEDY BLVD 2522 W KENNEDY BLVD **TAMPA FL 33609** TAMPA FL 33609 3. Mailing Address 2. Principal Place of Business SAME 10018 HAMPION PLACE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59- 3704428 Not Applicable IPA, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent K. VIVERO DIAZ, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) Hampton PLACE 2522 W KENNEDY BLVD **TAMPA FL 33609** Zip Code イター 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 DATE d or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. .11. PRESIDENT Change Delete TITLE FRANCISKVIVERD TITLE 10018 HAMPTON PLACE NAME NAME DIAZ, JOSEPH L STREET ADDRESS STREET ADDRESS 2522 W KENNEDY BLVD TAMPA, FL 33618 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITL F 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

SIGNATURE:

changed, or on an attachment with a

MEDICAT FRANCIS VIVERE

with all other like empowered.