FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 27, 2002 8:00 am P01000034036 DOCUMENT # Secretary of State 1. Entity Name UNITED BUILDING CORPORATION 02-27-2002 90037 048 ***158.75 Principal Place of Business Mailing Address 327 S. DILLARD P. O. BOX 783485 WINTER GARDEN FL 34787 WINTER GARDEN FL 34778-3485 2. Principal Place of Business 12327 W. CoLONIALDR DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For *59-31365*82 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIME BLACK, C.J. 327 S. DILLARD **WINTER GARDEN FL 34787** 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 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE Delete PRESIDENT Change Addition FRANK ABRAIS NAME T.F. NORRIS 327 DIV+x1 STREET ADDRESS STREET ADDRESS 12327 W.CoLONIAL DR. Winter Gradon, FL 34787 CITY-ST-ZIP WINTER GARden, FL 34787 CITY-ST-ZIP Secretary FRANK NORRIS SCGA e ++ R4 TITLE Delete TITLE Change Addition T.F. NORRIS 12327 W. CoLONIAL DR NAME NAME 327 DILLARD STREET ADDRESS STREET ADDRESS Winter GARdon, FL 34787 WINTER GARden, FL 34787 CITY-ST-ZIP CITY-ST-ZIP TREASURER Delete TREASUREE TITLE. **Change** ☐ Addition THORAIS 12327 W.Colonial DR FRANK NOKRIS NAME 327 Sa DILLARA STREET ADDRESS STREET ADDRESS WiNter GARden, FL34787 CITY-ST-ZIP Winter GARdON, FL34787 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

☐ Addition