2003 FOR PROFIT CORPORATION

changed, or on an attachment

SIGNATURE:

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Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000053206 DOCUMENT # 1. Entity Name 04-23-2003 90056 035 ***150.00 BESCHEN CONSTRUCTION, INC. Principal Place of Business Mailing Address 1718 WILEY STREET 1718 WILEY STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 6/7/ Messenna Terr Suite, Apt. #, etc Suité, Apt. #, etc X CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 65-1109684 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 450 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BESCHEN, JAMES E JR Street Address (P.O. Box Number is Not Acceptable) 1718 WILEY STREET HOLLYWOOD FL 33020 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITI F BESCHEN, JAMES E JR NAME NAME STREET ADDRESS 1718 WILEY STREET STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE '☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED