## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State P01000062241 DOCUMENT # 1. Entity Name 05-07-2002 90353 028 \*\*\*158.75 CONSTRUCTORS COLLABORATIVE. INC. Principal Place of Business Mailing Address 16112-NORTH-FLORIDA-AVE 16112 NORTH FLORIDA AVE LUTZ-FL-33549 LUTZ FL 33549 3. Mailing Address 2. Principal Place of Business elocca Road Kebecca 820 830 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3 Not Applicable -- \$8:75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOWARD, DAVID Street Address (P.O. Box Number is Not Acceptable) 16112 NORTH FLORIDA AVE LUTZ-FL-33549 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 of registered agent and title if applicable 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, 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. Change CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE 1820 Rebecca Road HOWARD, DAVID NAME NAME 16112 NORTH FLORIDA AVE STREET ADDRESS STREET ADDRESS Lutz, FL 33548 CITY-ST-ZIP LUTZ-FL-33549 CITY-ST-ZIP Change ☐ Delete TITLE TITLE 1820 Rebecca Road NAME NAME HOWARD, MELANIE STREET ADDRESS 16112 NORTH FLORIDA AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LUTZ FL 33549\_ ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #