FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 11, 2002 8:00 am Secretary of State P01000078229 DOCUMENT # i. Entity Name 09-11-2002 90066 011 ***550.00 SMUTNEY'S CONCRETE & PUMPING INC. Principal Place of Business Mailing Address 3709 41 ST. SW. 3709 41ST ST. SW LEHIGH ACRES FL 33971 LEHIGH ACRES FL 33971 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For (25-1659 Not Applicable 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 SMUTNEY, JASON Street Address (P.O. Box Number is Not Acceptable) 3709 41ST ST. SW LEHIGH ACRES FL 33971 Zip Code City 8. 1: 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 soligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550,00 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Addition CR2E034 (4/02) TITLE TITLE SMUTNEY, JASON NAME NAME 3709 41ST ST. SW STREET ADDRESS STREET ADDRESS betus Circ LEHIGH ACRES FL 33971 CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP