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2003 FOR PROFIT CORPORATION

Apr 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000090838 **DOCUMENT #** 04-09-2003 90149 002 ***150.00 1. Entity Name D. GREGG CONSTRUCTION, INC. Principal Place of Business Mailing Address 8 HITCHING POST CIRCLE 8 HITCHING POST CIRCLE **TEQUESTA FL 33469** TEQUESTA FL 33469 2. Principal Place of Business 114 FAITH WAY CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1143583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Benuired Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent----GREGG, DOUGLAS S Street Address (P.O. Box Number is Not Acceptable) 8 HITCHING POST CIRCLE TEQUESTA FL 33469 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 NOW!!! 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Delete TITLE ■ Addition DONG-LASS. BREEF NAME A GREGG, DOUGLAS S NAME 114 FAITHWAY 8 HITCHING POST CIRCLE STREET ADDRESS STREET, ADDRESS Jupiter, FL 33458 TEQUESTATL 33469 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME GREGG, SUSAN S NAME STREET ADDRESS 8 HITCHING POST CIRCLE STREET ADDRESS CITY-ST-ZIP TEQUESTA FL 33469 CITY-ST-ZIP Delete TITLE 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 CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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

12. 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 director of the corporation or the receiver or director of the corporation of the corporation of the receiver or director of the receiver of the receive

SIGNATURE:

changed, or on an attachment