2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

of the corporation or the rechanged, or on an attachme

SIGNATURE: -

P01000097350 DOCUMENT # 1. Entity Name BUILDING BLOCK GROUP HOLDINGS. INC. 03 OCT 14 PM 2:47 SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address PO BOX 560357 PO BOX 560357 MONTVERDE FL 34756 MONTVERDE FL 34756 2: Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 59-3749145 Not Applicable Žip 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 Name FERGUSON, JAMES A Street Address (P.O. Box Number is Not Acceptable) 16915 WINTER ROAD **MONTVERDE FL 34756** City Zip Code 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 \$550,00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 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. TITLE TITLE Delete Addition FERGUSON, JAMES A NAME NAME **16915 WINTER RD.** STREET ADDRESS STREET ADDRESS MONTVERDE FL 34756 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE TITLE ___ Delete ... 500023830865 10/15/03--01074--007 **75 NAME NAME STREET ADDRESS STREET ADDRESS ****750.00** 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 ☐ Delete TITLE Change 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

Il other like empowered.