FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P01000118957 1. Entity Name 04-29-2002 90190 035 ***150.00 RW GEORGE CONSTRUCTION, INC. Principal Place of Business Mailing Address 32 N. ST. AUGUSTINE BLVD. 32 N. ST. AUGUSTINE BLVD. ST. AUGUSTINE FL 32080 ST. AUGUSTINE FL 32080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 03-037-7670 Not Applicable Zip Country Zip 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 GEORGE, MILLARD W Street Address (P.O. Box Number is Not Acceptable) 32 N. ST. AUGUSTINE BLVD. ST. AUGUSTINE FL 32080 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Addition ☐ Delete NAME NAME GEORGE, RICHARD W STREET ADDRESS STREET ADDRESS 32 N. ST. AUGUSTINE BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32080 TITLE Delete TITLE ☐ Change Addition NAME NAME GEORGE, MILLARD W STREET ADDRESS STREET ADDRESS 32 N. ST. AUGUSTINE BLVD. CITY-ST-ZIP CITY-ST-ZIP ST.-AUGUSTINE FL:32080 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete 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 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

GEOFGE President