2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P01000119493 **DOCUMENT #** 03-31-2003 90921 023 ***150.00 1. Entity Name NORTH AMERICAN BRIDGE COMPANY, INC. Principal Place of Business Mailing Address 5027 WESLEY DRIVE 5027 WESLEY DRIVE TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address 291018 3418 Itavay PO BOX Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Suite 205 City & State City & State 4. FEI Number Applied For 59-3760887 Tampa Tampa Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33*616-46*03 33687-1018 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAJA, ALEX Street Address (P.O. Box Number is Not Acceptable) 6105 RAIN HOLLOW CT. **TAMPA FL 33617** 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) 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. X Delete ☐ Change TITLE TITLE Addition PERMENTER, JAMES C JR. NAME NAME 5027 WESLEY DRIVE STREET ADDRESS STREET ADDRESS TAMPA FL 33647 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PERMENTER, DORIS M NAME NAME 5027 WESLEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 --CITY-ST-ZIP. TITLE ☐ Delete TITLE Change Change ☐ Addition WINTER, MARK NAME NAME Winter, Mark 3418 Handy Rd STREET ADDRESS 5027 WESLEY DRIVE STREET ADDRESS Tampo, FL 33618-4603 CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition BAJA, ALEX NAME Baja, Alex NAME STREET ADDRESS 5027 WESLEY DRIVE STREET ADDRESS BYIS HANDY 1875 CITY-ST-ZIP TAMPA FL 36647 CITY-ST-ZIP TAMPA, FL 33618-4603 Delete TITLE **X**Addition DILE Change DON SMIDT NAME NAME 3418 HANDY RA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33618-4603 Addition Change TITLE ☐ Delete TITLE

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 on trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver on trustee changed, or on an attachment with an add

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

813-963-5755