FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90412 003 ***150.00

DOCUMENT # P02000034938

1. Entity Name
GATOR CONSTRUCTION MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1007 N. Federal Highway	717 E. Oak Street
Suite, Apt. #, etc.: Box #31	Suite, Apt. #, etc.:
City & State: N. Ft. Lauderdale, FL	City & State: Kissimmee, FL 34
Zip: 33304 Country: USA	Zip: 34744 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0412291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Swart, Harry J. CPA

Street Address (P.O. Box Number is Not Acceptable): 717 E. Oak Street

City: Kissimmee FL Zip Code: 34744

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D,P,S,T,
NAME	Simmons, II, Jerry C.
STREET ADDRESS	1007 N. Federal Highway, Box #31
CITY-ST-ZIP	N. Ft. Lauderdale, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _____ 4/28/03 321-217-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 5473