FILED May 05, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P02000039272 DOCUMENT # 05-05-2003 90732 015 ***158.75 LEROY BENNETT, JR. CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 2101 VALENCIA AVENUE 2101 VALENCIA AVENUE 40009735 FORT PIERCE FL 34946 FORT PIERCE FL 34946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 62-75-7881 Not Applicable Country Country -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, LEROY JR Street Address (P.O. Box Number is Not Acceptable) 2101 VALENCIA AVENUE **FORT PIERCE FL 34946** 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. DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change BENNETT, LEROY JR. NAME NAME 2101 VALENCIA AVENUE STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34946 CITY-ST-ZIP CITY-ST-ZIP

☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- Delete ☐ Change — ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-7IP TITLE □ Delete TITLE Change Addition NAME NAME

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZIP