FILED

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

Apr 25, 2003 8:00 am Secretary of State P02000107695 DOCUMENT # 4-25-2003 90224 049 ***150.00 1. Entity Name ELLIS BLAND CONSTRUCTION, INC. Principal Place of Business Mailing Address 11010122 103 BELMONT BLVD. 103 BELMONT BLVD. ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 13-4215544 Not Applicable Zip Country Country Zio \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLAND, REMER ELLIS Street Address (P.O. Box Number is Not Acceptable) 103 BELMONT BLVD. **ORANGE PARK FL 32073** 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 Elorida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BLAND, REMER ELLIS STREET ADDRESS STREET ADDRESS 103 BELMONT BLVD. CITY-ST-ZIP CITY-ST-ZIE **ORANGE PARK FL 32073** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME BLAND, JOANN D NAME STREET ADDRESS STREET ADDRESS 103 BELMONT BLVD. CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete ☐ Addition TITLE TITLE Change. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition 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 eath; 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

SIGNATURE: /

Kenecellis Bland 4/23/03

CR2E034 (10/02