2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2003 8:00 am Secretary of State P02000116437 DOCUMENT # 02-11-2003 90077 016 ***150.00 BRIAN DEGAGLIA CONSTRUCTION, INC. Mailing Address Principal Place of Business 359 ROSE ST. 359 ROSE ST. UMATILLA FL 32784 UMATILLA FL 32784 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 55-0809784 \$8.75 Additional Country 5. Certificate of Status Desired Country-Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEGAGLIA. BRIAN Street Address (P.O. Box Number is Not Acceptable) 1 359 ROSE ST. **UMATILLA FL 32784** Zip Code City 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. February 6, 2003 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9, Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition ☐ Change TITLE ☐ Delete TITLE NAME DEGAGLIA, BRIAN NAME STREET ADDRESS 359 ROSE ST. STREET ADDRESS CITY-ST-ZIP **UMATILLA FL 32784** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change . Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME

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 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

February 6, 2003

FILED