2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # P02000134908 04-28-2003 90313 008 ***150.00 1. Entity Name RUTHERFORD CONSTRUCTION COMPANY Principal Place of Business Mailing Address 2704 VIA BAYA LANE 2704 VIA BAYA LANE JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For 230824 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 27: Name and Address of New Registered Agent RUTHERFORD, BRAD A 2704 VIA BAYA LANE JACKSONVILLE FL 32223 8. The above named entity sequents this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent. SIGNATURE ne 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS VIA BAYA LANE UIA BAYA CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE cksohville. NAME NAME 32223 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change_ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIP

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

SIGNATURE

FILED