2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02471 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** SANTANA CONSTRUCTION, INC. 01-20-2000 90244 015 ***158.75 Principal Place of Business Mailing Address 846 AIRPORT ROAD 846 AIRPORT ROAD NEW SMYRNA BEACH FL 32168-8718 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 73-1173052 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOOD, YVONNE Street Address (P.O. Box Number is Not Acceptable) 846 AIRPORT ROAD **NEW SMYRNA BEACH FL 32168** 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete WOOD, JACK D. NAME NAME STREET ADDRESS 846 AIRPORT ROAD STREET ADDRESS NEW SMRYNA BEACH FL 32168 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE WOOD, YVONNE NAME NAME 846 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP Addition ☐ Change ☐ Delete THILE WOOD, JONATHAN D. NAME NAME STREET ADDRESS 846 AIRPORT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168 X Addition CFO TITLE ☐ Change TITLE ☐ Delete IVONNE M. HALLERAN NAME NAME 846 AIRPORT KOAD STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE | Date | Daylime Phone #