FILED

2000 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # P03753** 1. Entity Name POOLE CONSTRUCTION COMPANY, INC. 05-15-2000 90259 033 ***150.00 Principal Place of Business Mailing Address 544 DOUGLAS AVENUE D.O. DOV DEPOTO ALTAMONTE SPRINGS FL 32714 AKE MARY FL 34737-02 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 38-1900382 Not Applicable \$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 POOLE, CHARLES D. Street Address (P.O. Box Number is Not Acceptable) 1610-EDLESHEARAN-RD LAKE MARY FL 32746 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FER 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Change TITLE TITLE Delete POOLE, CHARLES D. NAME NAME 23700 N. BUCKHILL ROAD STREET ADDRESS 1610-EDLECHEARAN-RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL Addition VSD ☐ Delete TITLE TITLE POOLE, ROSE M. NAME NAME STREET ADDRESS STREET ADDRESS 4610-EDLESHEARAN RD. CITY-S1-ZIP CITY-ST-ZIP LAKE MARY FL-☐ Addition TITLE C Caleta TITLE NAME NAME STREET ADORESS 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 Change ☐ Addition TITLE TITLE ☐ Delete 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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 459-862-2822