2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P92000013296 1. Entity Name INNOVATIVE BUILDING CONTRACTORS, INC. 05-10-2001 90140 017 ***150.00 Mailing Address Principal Place of Business PO BOX 3402 703 MINNESOTA STREET LANTANA FL 33465-3402 LANTANA FL 33462 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0376904 Not Applicable \$8.75 Additional Country 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 Street Address (P.O. Box Number is Not Accounting, Inc. ROGALNY, VICTOR R 703 MINNESOTA STREET 400 S. Federal Hwy., Suite 405 LANTANA FL 33462 Boynton Beach, Florida 33435 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Addition Delete TITLE TITLE ROGALNY, THEODORE, P NAME NAME STREET ADDRESS STREET ADDRESS 703 MINNESOTA ST. CITY-ST-ZIP CITY-ST-ZIP L'ANTANA FL 33462 Change ☐ Addition ☐ Delete TITLE TITI F ROGALNY, VICTOR R NAME NAME STREET ADDRESS STREET ADDRESS 703 MINNESOTA ST. CITY-ST-ZIP CITY-ST-7IP LANTANA FL 33462 TITLE ☐ Change — — ☐ Addition Delete TITLE NAME 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-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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-73P 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 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