2001 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P9300010806 KRYPTON CONSTRUCTION CO. 04-18-2001 90110 002 ***150.00 Principal Place of Business Mailing Address 50 MUTINY PLACE 50 MUTINY PLACE KEY LARGO FL 33037 KEY LARGO FL 33037 C0047898 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0387566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRITNEL, DEBRA Street Address (P.O. Box Number is Not Acceptable) **50 MUTINY PLACE** KEY LARGO FL 33037 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD DITLE ☐ Delete Change Addition TITLE BRITNELL, JAMES D NAME NAME STREET ADDRESS STREET ADDRESS 50 MUTINY PLACE CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ■ Addition TITLE VST □ Defete TITLE Change NAME Britnell, Debra K. NAME STREET ADDRESS **50 MUTINY PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE Delete____ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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:

GNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

(305) 451-8788

Daytime Phone #