2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2000 8:00 am Secretary of State DOCUMENT # P93000016065 NEWCO CONSTRUCTION OF AMERICA, INC. 03-29-2000 90065 013 ***150.00 Principal Place of Business Mailing Address C/O PETER C. PAPPAS, ESQ. PO BOX 1018 225 EAST ROBINSON, SUITE 540 ZELLWOOD FL 32798-1018 927788 ORLANDO FL 32801-4321 2. Principal Place of Business 3. Mailing Address 2933 Lower Union Hill Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3104145 Not Applicable Canton, GA \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 30115 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAPPAS, PETER C 225 E. ROBINSON ST. SUITE 540 ORLANDO FL 32801 ging its registered office or registered agent, or both, in the State of Florida. 8. The above name his statement for the purpose of cha SIGNATURÉ (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Secretary/Treasurer ☐ Addition TITLE TITLE Delete BROWN, WILLIAM NAME William P. Brown NAME STREET ADDRESS 17830 FRONT STREET STREET ADDRESS P. O. Box 1018 CITY-ST-ZIF CITY-ST-ZIP Zellwood, FL 32798-1018 MT. DORA FL 32787 Addition Delete TITLE President ☐ Change TITLE NAME Charles Daniels NAME STREET ADDRESS STREET ADDRESS 5229 Camden Lake Parkway CITY-ST-ZIP CITY-ST-ZIP Acworth, GA 30101 Vice-President ☐ Change Addition ☐ Defete TITLE Patrick W. Brown NAME STREET ADDRESS STREET ADDRESS 235 Hedge Row Hollow Roswell, GA 30076 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ 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

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 trusted ampower of to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 in changed, or on an at

CITY-ST-7IP

SIGNATURE

CITY-ST-ZIP

SIGNAYURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 352/7 COWN TREAS

Daytime Phone #