Mailing Address 320 7TH ST W				Jan 16, 2001 8:00 am Secretary of State						
					01-16-2001 9					
PALMETTO FL 34221	İ									
3. Mailing Address										
Suite, Apt. #, etc					DO NOT WAI	TE IN TH	IS SPA	ACE		
City & State			4.	FEI Number	65-039439	8			oplied For ot Applicable	
Zip	Cour	ntry	5.	Certificate of	Status Desired	_ X	\$8 Fe	8.75 Add e Require	ditional d	
gistered Agent		Ţ	7.	Name and Ad	Idress of New	legistere	d Ag	ent		
		Name								
		Street Ad	ddress (P.O.	Box Number is	s Not Acceptabl	e)	•			
		City				Œ	:L	Zip Cod	e	
						r	Ľ			
	(NOTE. Registere		ire required when	reinstating)		DAT	E			
FILE	(NOTE. Registere	Agent signatu	ore required when 00 550.00	reinstating)	on Campaign Fi	nancing	E		10 May Be	
FILE I After MAN Make Check	(NOTE. Registere NOW!!! FEE / 1, 2001 Fee Payable to D	Agent signatu IS \$150.0 will be \$5	ore required when 00 550.00 t of State	reinstating) 10. Election Trust		nancing on.		Added	S IN 11	
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DH DD

DOCUMENT # P93000019398

1. Entity Name

UNITED DESIGN AND CONSTRUCTION, INC.

Principal Place of Business

320 7TH ST W PALMETTO FL 34221

2. Principal Place of Business Suite, Apt. #, etc.

City & State City & State

Country

Zip

6. Name and Address of Current Registered Agent

DELESLINE, JAN R 320 7TH ST W PALMETTO FL 34221

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

8. The above named entity submits this statement for the purpose of chan

Zip

OFFICERS AND DIRECTORS 11. ☐ Dele TITLE DELESLINE, JOHN NAME 1400 BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIP TERRA CEIA FL 34250 ☐ Dele TITLE DELESLINE, JAN R NAME 1400 BAYSHORE DR STREET ADDRESS TERRA CEIA FL 34250 CITY-ST-ZIP ☐ Dele TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Dele TITLE NAME STREET ADDRESS CITY-ST-7IP Dele TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Dele TITLE NAME STREET ADDRESS 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:

Jan R. DeLesline Sec/Tres January 3,