2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P93000040250** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name GULFSTREAM ENGINEERING & PAVING, INC. 04-21-2000 90015 010 ***150.00 Principal Place of Business Mailing Address 3300 NW 27 AVE 3300 NW 27 AVE POMPANO BEACH FL 33069-1066 POMPANO BEACH FL 33069 V 4 V O O II Principal Place of Business 3. Mailing Address 00 DO NOT WRITE IN THIS SPACE Suite, Apt Applied For City & State FEI Number 65-0426245 Not Applicable Zip \$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 BARNES, NORMAN J is Not Acceptable) Street Address (P.O. k Mumber 2584 S.E. 13TH COURT POMPANO BEACH FL 33062 Zip Code City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition D ☐ Delete TITLE TITLE NAME BARNES, NORMAN J NAME STREET ADDRESS STREET ADDRESS 2584 S.E. 13TH COURT CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ 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 truster 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: