FILED

1/2/2001

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2001 8:00 am DOCUMENT # P93000046835 Secretary of State 1. Entity Name **GFV CONSTRUCTION COMPANY** 02-13-2001 90007 049 ***150.00 Principal Place of Business Mailing Address 1833 BANANA RD 1833 BANANA RD LAKELAND FL 33810 LAKELAND FL 33810 UŚ 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 59-3196421 Not Applicable Zip Zip Country 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 REID, VICKIE E Street Address (P.O. Box Number is Not Acceptable) _9833 BANANA RD 1833 LAKELAND FL 33810 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing 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. Change CR2E034 (10/00) TITLE ☐ Delete TITLE Addition NAME GOODSPEED, CLIFF NAME 185 Guadalupe Hills Lane 9505 BRIDGEWOOD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP FORT WAYNE IN 46835 SEQUIN, TX 78155 🚺 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME CHRISTIAN, BILL STREET ADDRESS STREET ADDRESS P.O. BOX 1615 N/A CITY-ST-ZIP CITY-ST-ZIP GONZALES TX ☐ Delete TITLE Change ☐ Addition TITLE NAME REID. VICKIE E NAME STREET ADDRESS STREET ADDRESS 1833 BANANA RD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33810 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [7] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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