2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000048711** Mar 31, 2000 8:00 am **Secretary of State** A-PLUS CONSTRUCTION, INC. 03-31-2000 90068 035 ***158.75 Principal Place of Business Mailing Address 3157 36TH ST NORTH 3157 36TH ST NORTH SUITE 7 SUITE 7 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713-2439 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3191172 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOVANOV, DRAGAN Street Address (P.O. Box Number is Not Acceptable) 3157 36TH ST NORTH SUITE 7 ST. PETERSBURG FL 33713 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. DATE (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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE JOVANOV, DRAGAN NAME NAME 3157 36TH ST NORTH #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713 Addition TITLE ☐ Delete TITLE Change JOVANOV, ZIVAN NAME STREET ADDRESS 3530 SW 111 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

DEAGAN JOVANOY
DEPENDENT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-5- 2000

727-455-4956

Daytime Phone #