2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State P94000010989 DOCUMENT # 1. Entity Name 05-06-2002 90022 029 ***150 00 WHEATON CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address - 903 MARLENE DR - PO 60x 784013 PO BOX 784013 OCOEE FL 34761 Winter Garden, FL WINTER GARDEN FL 34778-4013 34778-4013 2. Principal Place of Business 3. Mailing Address POBOX 78401 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0855552 Garden Winter Not Applicable Zin 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 Same WHEATON, TONI G Street Address (P.O. Box Number is Not Acceptable) -92-BEXLEY BLVD: Heart wood OCOEE FL 34781 Zip Code 7 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, 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, 2002 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 11. ☐ Delete TITLE Whee ton, Toni WHEATON, TONI G NAME POBOX 784013 P O BOX 1056 STREET ADDRESS STREET ADDRESS OCOEE FL 34761-1056 CITY-ST-ZIP Winter Garden FL 34787-4013 CITY-ST-ZIP wheaton, Keith ☐ Delete TITLE TITI F NAME WHEATON, KEITH PO BOX 784013 STREET ADDRESS STREET ADDRESS P-0-BOX-1086 CITY-ST-ZIP Winter Garden FL 34787-40-13 CITY-ST-7IP OCOEE FL 34781-1056 POBOX 784013 Delete TITLE TITLE NAME ELLIS, STEVENTÉ NAME STREET ADDRESS STREET ADDRESS P-O BOX 1056 Winter Garden CITY-ST-7IP 000EE FL 34761-1056 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP