2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State P94000014451 DOCUMENT # 1, Entity Name GARVIN BRAZEL CONSTRUCTION, INC. Mailing Address Principal Place of Business 422 RANDALL LANE 422 RANDALL LANE CANTONMENT FL 32533 CANTONMENT FL 32533 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3228000 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRAZEL, GARVIN JR -Street Address (P.O. Box Number is Not Acceptable) -**422 RANDALL LANE CANTONMENT FL 32533** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITI F Brazel, Garvin L Jr NAME NAME **422 RANDALL LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CANTONMENT FL 32533 CITY-ST-ZIP Christopher FURR 422 RANDAU LANG Camtonment 7132533 Addition -- Change TITLE Delete TITLE NAME GARVIN, BRAZEL J NAME STREET ADDRESS STREET ADDRESS **422 RANDALL LN** CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE ST NAME GARVIN, BRAZEL J NAME STREET ADDRESS STREET ADDRESS 422 RANDALL LN CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL ☐ Change ☐ Addition TITLE TITLE~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

GARVINI. BRAZEL JR

31 Mar 02

(9/01) CR2E034