2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000022511** May 22, 2000 8:00 am Secretary of State RJB CONSTRUCTION, INC. 05-22-2000 90073 037 ***158.75 Principal Place of Business Mailing Address 1395 NE FLORA PLACE 1395 NE FLORA PLACE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957-3913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State -City & State 4. FEI Number ·59-3233433 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 BROKAW, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1395 NE FLORA PLACE JENSEN BEACH FL 34957 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 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 Added to Fees Trust Fund Contribution. (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 TITLE ☐ Delete TITLE BROKAW, ROBERT J NAME 1395 NE FLORA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Change Addition □ Delete TITLE ARAHILL, JACQUELINE J NAME NAME 1395 NE FLORA PLACE STREET ADDRESS STREET ADDRESS JENSEN BEACH FL 34957 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change TREBURG TITLE REASILU ☐ Delete TITLE ROBIN R NAME NAME STREET ADDRESS STREET ADDRESS 34957 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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 attachmen with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

DKAW SI

561-334-8891

Daytime Phone #