2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 17, 2000 8:00 am Secretary of State DOCUMENT # P94000027118 4. Entity Name CONSTRUCTION ENTERPRISES, INC. 05-17-2000 90908 041 ***150.00 Mailing Address Principal Place of Business 5825 Vista Pky. N. 5925 Vista Parkwav N. West Palm Beach, F1.33411 west Palm Beach, F1. 33411 00052382 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable 65 /0492846 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANTHAM, KIRK ESQ. Street Address (P.O. Box Number is Not Acceptable) 1860 FOREST HILL BOULEVARD SUITE 105 WEST PALM BEACH, FL. 33406 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ▼ Change ☐ Addition TITLE TITLE ☐ Defete GRIFFIN, DERRICK NAME NAME 230 VALENCIA RD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL. 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME GRIFFIN, DIANE R. NAME STREET ADDRESS STREET ADDRESS 230 VALENCIA RD. CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH, FL. 33401 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY#ST#ZIP1 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE 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 filling 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 appears, with all other like empowered.

SIGNATURE:

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