2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P94000027118 CONSTRUCTION ENTERPRISES, INC. 03-01-2001 91316 003 ***150.00 Principal Place of Business Mailing Address 6825 VISTA PKY, N. 6825 VISTA PKY, N. WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0492846 Not Applicable Zip Country Zio Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITI F TITLE ☐ Change ☐ Addition ☐ Delete NAME **GRIFFIN, DERRICK** NAME 230 VALENCIA RD. STREET ADDRESS STREET ADDRESS 12229 QUERCUS LANE WEST PALM BEACH, FL. 33401 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete TITLE Change Addition TITLE GRIFFIN, DIANE R NAME NAME 230 VALENCIA RD. STREET ADDRESS 12229 QUERCUS LANE STREET ADDRESS WEST PALM BEACH, FL. 33401 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 Change ☐ Delete Addition TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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:

PED OR PRINTED NAME O

Daytime People #