2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2000 8:00 am DOCUMENT # P94000038318 **Secretary of State** JB CONSTRUCTION SERVICES, INC. 02-20-2000 90057 010 ***150.00 The second secon Mailing Address Principal Place of Business 14185 FENNSBURY DRIVE 14185 FENNSBURY DRIVE TAMPA FL 33624-6949 TAMPA FL 33624 110001 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 59-3246343 Not Applicable \$8.75 Additional 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 Name BUSCIA, JOSEPH T Street Address (P.O. Box Number is Not Acceptable) 14185 FENNBURY DRIVE TAMPA FL 33624 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) 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, 2000 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change Delete TITLE TITLE BUSCIA, JOSEPH T NAME NAME 14185 FENNSBURY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** DVS Change ☐ Addition TITLE Delete TITLE BUSCIA, LOURDES M NAME NAME STREET ADDRESS 14185 FENNSBURY DR. STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TAMPA FL 33624 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME 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

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 an address, with all other like empowered.

SIGNATURE: .

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

- BUSCIA 1-28-30 873-962-8639

Daytime Phone #