2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9400053076 Feb 29, 2000 8:00 am **Secretary of State** SOUTHWEST FLORIDA ROADBUILDERS, INC. 02-29-2000 90163 017 ***158.75 Principal Place of Business Mailing Address P.O. BOX 1620 P.O. ROX 1620 ARCADIA FL 34265-1620 ARCADIA FL 34265 100235534 3. Mailing Address 2. Principal Place of Business 5826 SW HWY 72 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0503646 ARCADIA Not Applicable Country 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-MCINTYRE, DAWN J Street Address (P.O. Box Number is Not Acceptable) 18110 STATE ROAD 62 PARRISH FL 34219 CHARCADIA 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 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. 11. Change ☐ Delete TITLE TITLE MCINTURE MCINTYRE, DAWN J NAME 5826 SW HWY 72 18110 STATE ROAD 62 STREET ADDRESS STREET ADDRESS ARCADIA PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE 10 INSTYRE MCINTYRE, JESSE L NAME SW HWY 72 STREET ADDRESS 18110 STATE ROAD 62 STREET ADDRESS ARCADIA FL PARRISH FL 34219 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI E TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 or an attendment with an address, with all other like empowered.

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PEFICER OR DIRECTOR

OPPOARE

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

, DAWN J. MCINTYRE

Change

Change

☐ Addition

☐ Addition