## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 24, 2002 8:00 am Secretary of State DOCUMENT #\_ 05-24-2002 91324 008 \*\*\*150.00 1. Entity Name FUTRELL CONSTRUCTION, INC. 668049 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 18420 POWELL ROAD 18420 POWELL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3275044 BROOKSVILLE FL BROOKSVILL Not Applicable . Country Country \$8.75 Additional 5. Certificate of Status Desired 34609 34609 US US Fee Required 7. Name and Address of Current Registered Agent Name FUTRELL JAMES - D DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE POWELL ROAD 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) January 1 - May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE NAME FUTRELL, JAMES D. STREET ADDRESS 18420 POWELL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE, FL 34L09 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ATURE AND TYPES OR

FILED