05-27-2002 90431 047 ***150.00
P95000014363

FILED

02 JUN 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014363

1. Entity Name

WASHINGTON GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8454 WEATHERLY ROAD	8454 WEATHERLY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BROOKSVILLE, FL	City & State: BROOKSVILLE, FL
Zip: 34601 Country: HERNANDO	Zip: 34601 Country: HERNANDO

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3295883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WASHINGTON, R. RAY

Street Address (P.O. Box Number is Not Acceptable): 8454 WEATHERLY ROAD

City: BROOKSVILLE FL Zip Code: 34601

6. 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 reinstating)

8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WASHINGTON, R. RAY
STREET ADDRESS	8454 WEATHERLY ROAD
CITY - ST - ZIP	BROOKSVILLE, FL 34601
TITLE	ST
NAME	WASHINGTON, PATRICIA
STREET ADDRESS	8454 WEATHERLY ROAD
CITY - ST - ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: R. RAY WASHINGTON R. Ray Washington 5/1/02 352-848-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32361F.1