2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # P95000018772 ROBBINS & SLOAN BUILDERS INC. 03-19-2001 90020 046 ***150.00 Principal Place of Business Mailing Address 398 SLOAN ROAD 398 SLOAN ROAD **GRACEVILLE FL 32440** GRACEVILLE FL 32440 2. Principal Place of Busines 3. Mailing Address 398 3/0an Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3301485 Not Applicable aceville \$8.75 Additional 5. Certificate of Status Desired Fee Required lac KEON 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ROBBINS, FERRELL Street Address (P.O. Box Number is Not Acceptable) 398 SLOAN ROAD **GRACEVILLE FL 32440** Zip Code City FL 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE ☐ Delete ROBBINS, FERRELL NAME STREET ADDRESS 398 SLOAN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GRACEVILLE FL 32440 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Channe ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

3-13-2001- 850-263-8333

Change

Addition