2002 UNIFORM BUSINESS REPORT (UBR)

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

May 23, 2002 8:00 am Secretary of State P95000021909 DOCUMENT # 05-23-2002 90073 008 ***150.00 SOLOMON'S CONSTRUCTION & DEVELOPMENT COMPANY, IN C. Principal Place of Business Mailing Address 1408 WOODSTORK DRIVE 1408 WOODSTORK DRIVE **BRANDON FL 33511** BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3334177 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BROWN, JOHN** Street Address (P.O. Box Number is Not Acceptable) 1408 WOODSTORK DRIVE BRANDON, FL 33511 Zip Code City 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 DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change Addition PSTD Delete TITLE TITLE BROWN, JOHN NAME NAME BROWN, STANLEY 1408 WOODSTORK DRIVE STREET ADDRESS STREET ADDRESS 1408 WOODSTORK DRIVE BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33511** ☐ Addition ST K Change TITLE ☐ Delete TITLE NAME NAME BROWN, JOHN 1408 WOODSTORK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL 33511 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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

16. Block 4/30/02 (8/3)68/-9
Date Davine Phone #

FILED