2002 UNIFORM BUSINESS REPORT (UBR)

changed or on an attachment w

SIGNATURE:

May 20, 2002 8:00 am Secretary of State P95000023417 DOCUMENT # 1. Entity Name 05-20-2002 90054 003 ***150.00 NYBERG CONSTRUCTION, INC. Mailing Address Principal Place of Business 466 S.E. CARDINAL TRAIL 466 S.E. CARDINAL TRAIL STUART FL 34997 STHART FL 34997 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0562503 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. ---GIANINO, PETER T Street Address (P.O. Box Number is Not Acceptable) 217 E. OCEAN BLVD. STUART FL 34994 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2F034 (9/01 Change Addition TITLE Delete TITLE NAME NYBERG, MATTHEW NAME STREET ADDRESS 466 SE CARDINAL LTR. STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE FOWLER, MICHAEL NAME STREET ADDRESS 904 NW NEW PROVIDENCE RD STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP ☐ Addition Change TITLE Delete TID F NAME MALCOLMSON, ROBERT -NAME STREET ADDRESS 3485 SW MAPP ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME nyberg, beth a 466 SE CARDINAL TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-78P STUART FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted, or on an attachment with an addirects, with all other like empowered.

FICER OR DIRECTOR

FILED