2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P95000030247** May 22, 2000 8:00 am Secretary of State JOHN VANDER KOOI CONSTRUCTION, INC. 04-21-2000 90100 025 ***150.00 Principal Place of Business Mailing Address 5924 COMMERCE RD 5924 COMMERCE ROAD MILTON FL 32583 MILTON FL 32583-8437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3309587 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, J. STEVEN Street Address (P.O. Box Number is Not Acceptable) 107 N PALAFOX ST PENSACOLA FL 32501 City Zip Code 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 TITLE OC 14 (9A K) VANDER KOOI, JOHN W NAME NAME STREET ADDRESS STREET ADDRESS 4706 BAYSIDE BLVD CITY-ST-ZIP CITY-ST-7IP MILTON FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE VANDER KOOI, JOAN R. NAME NAME STREET ADDRESS 4706 BAYSIDE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MILTON FL Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

☐ Change

Addition