2001 UNIFORM BUSINESS REPORT (UBR) May 24, 2001 8:00 am DOGUMENT# P95000433781... Secretary of State 1. Entity Name First Florida Construction & Development, Ir 05-03-2001 91119 014 \*\*\*150.00 1009 Piano Lane Apollo Beach, FL 33572 Principal Place of Business 47037 2. Principal Place of Business 1009 Piano Lane 3. Mailing Address 1009 Pigno Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Abollo Beach 4. FELLIUMDEN - 3296387 Applied For Apollo Beach Not Applicable ountry illsborough \$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 Janice Hibjan 1009 Piano Lone Name Street Address (P.O. Box Number is Not Acceptable) Apollo Beach, FL33572 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution, (See criteria on back)\_ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 111. OFFICERS AND DIRECTORS TITLE Change Addition ☐ Delete TITLE michael W. Hibjan 1009 Plano Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Apollo Beach, FL 33572 CITY-ST-219 ☐ Change ☐ Addition ☐ Delete Janice F. Hibjan NAME NAME STREET ADDRESS STREET ADDRESS 1009 Piano Lane CITY-ST-ZIP CITY-ST-ZIP Detete -`TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete DRE TITLE ☐ Change ☐ Addition 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 it e 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. 3-76-01 813-645-0921 SIGNING OFFICER OF DIRECTOR

FILED