2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000044355 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name SWINDEL'S MASONRY, INC. 04-20-2000 90011 034 ***150.00 Principal Place of Business Mailing Address 7155 EXPORT AVE 7155 EXPORT AVE COCOA F 32927 COCOA FL 32927-3209 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3320923 Not Applicable Zip Country Zip Country \$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 SWINDEL, JAMES W Street Address (P.O. Box Number is Not Acceptable) 7210 EXPORT AVE. COCOA FL 32927 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITI F Delete SWINDEL, JAMES W NAME NAME 7155 EXPORT AVE STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE JAMES SWINDEL NAME NAME 7155 EXPORT AVE STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE CURNUTT, JOHN E II NAME 6940 COLUMBIA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Change ☐ Addition ☐ Detete TITI F TITLE SWINDEL, D NAME NAME 7155 EXPORT AVE STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

407-638-0396

Daytime Phone #