2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000044609 1. Entity Name DAVID BOBERTS AND SONS BUILDERS, INCORPORATION

FILED Apr 23, 2001 8:00 am Secretary of State

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Principal Plac 1521 DODD RO WINTER PARK		Mailing Address 1521 DODD ROAD WINTER PARK FL 32792-3668)					
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2. Principal Place of Business 3. Mailing Addre			dress					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. DO NOT	WRITE IN THIS S	SPACE	
City & State		City & State		4. 1	El Number 59-210	1192	Applied For	
Zip	Country	Zip	Country	5. (Certificate of Status Desi		\$8.75 Ad	
	6. Name and Address of Current	Registered Agent		7 1	Name and Address of N		Fee Require	ed
	o. Name and Address of Current	registered Agent	Name	7, 1	varie and Address of N	- riogistorou x	·go.ii	
ROBERTS, CHARLOTTE 1521 DODD ROAD WINTER PARK FL 32792-3669		Street Address		idress (P.O. E	(P.O. Box Number is Not Acceptable)			
*****		-	City			FL	Zip Cod	de
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ag	ent, or both, in the State	of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re required when re	einstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		50.00	10. Election Campaig Trust Fund Contri			00 May Be d to Fees
11.	OFFICERS AND I		12.		L DITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN,11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CHARLOTTE 1521 DODD ROAD WINTER PARK FL 32792-3669	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change-	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, DAVID 1521 DODD ROAD WINTER PARK FL 32792-3669	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, DAVID W 1505 DODD RD WINTER SPRINGS FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		****		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE S/T NAME STREET ADDRESS CITY-ST-ZIP	Grego 1514 Wint	ry Robert lodd Rd er Park, Fl.	-3 -32792	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report a	/ signature shall ha	ive the same	legal effect as if made ur	nder oath; that I a	am an office	r or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #