2001 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P95000046216 1. Entity Name ATA CONSTRUCTION COMPANY, INC. 04-18-2001 90287 001 ***300.00 Principal Place of Business Mailing Address 7006 NORTH 16 STREET P.O. BOX 280017 TAMPA FL 33610 TAMPA FL 33682 37574 US 3. Mailing Address Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3320094 Not Applicable Zip Country \$8.75 Additional \Box Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIERRA, ANTHONY 7006 NORTH 16 STREET **TAMPA FL 33610** statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity SIGNATURE NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00) Delete ☐ Addition TITLE TITLE resident SIERRA, ANTHONY NAME NAME Address hony Sierra STREET ADDRESS 7006 NORTH 16 STREET STREET ADDRESS 917 | 1300cd CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE 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 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 of 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 A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 813-231-9189

Date 4/- 3 - 5 Doutime Phone #