2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000061230 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name CURRENT BUILDERS OF FLA., INC. 04-26-2000 90139 024 ***150.00 Principal Place of Business Mailing Address 2251 BLOUNT ROAD 2251 BLOUNT ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-5114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0602288 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REID. CHARLES P Street Address (P.O. Box Number is Not Acceptable) 2251 BLOUNT ROAD POMPANO BEACH FL 33069 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 DATE. Signature, typed or printed name of registered agent and title if applicable (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 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 11. ■ Addition TITLE TITLE ☐ Delete NAME REID, CHARLES P NAME STREET ADDRESS STREET ADDRESS 2251 BLOUNT RD CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Change ☐ Addition ☐ Delete TITLE CARR, RICHARD NAME STREET ADDRESS STREET ADDRESS 2251 BLOUNT RD CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Change ☐ Addition TITLE ☐ Delete TITLE NAME HUISMAN, HENRY NAME STREET ADDRESS STREET ADDRESS 2251 BLOUNT RD CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Change ☐ Addition □ Delete TITLE TAYLOR, MICHAEL NAME STREET ADDRESS STREET ADDRESS 2251 BLOUNT RD CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP 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

4/1/2000

Daytime Phone #

CR2E034 (9/99