FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State **DOCUMENT #** P95000094829 1. Entity Name 05-06-2002 90231 009 ***150.00 WOLFF DESIGN BUILD, INC. Principal Place of Business Mailing Address INTERSTATE CORPORATE CENTER INTERSTATE CORPORATE CENTER B0087642 367 INTERSTATE BLVD 367 INTERSTATE BLVD SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0629485 Not Applicable 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 DESJARLAIS, MARY L Street Address (P.O. Box Number is Not Acceptable) 7029A SOUTH TAMIAMI TRAIL PINE PARK CENTER SARASOTA FL 34231 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. DESJARLAIS, MARY L. Signature, typed or printed name of registered agent and title if applicable. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete CR2E034 (9/01) ☐ Change ☐ Addition NAME WOLFF, THEODORE C JR NAME STREET ADDRESS STREET ADDRESS 3410 46TH TERRACE EAST CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME Bennett. Russell NAME STREET ADDRESS 7033 13TH STREET EAST STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME Franey, Joseph STREET ADDRESS 316 EAST CORNELIUS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 TITLE ☐ Delete TITLE Change ☐ Addition 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-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

3. 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 trusted 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

Wolff, Jr 4/15/02 (941)379-8400