FILED

2001 UNIFORM BUSINESS REPORT (URR)

SIGNATURE:

Feb 21, 2001 8:00 am DOCUMENT # P95000095185 **Secretary of State** 1. Entity Name KOSMAN CONTRACTING, INC. 02-21-2001 90014 001 ***150.00 Principal Place of Business Mailing Address 5310 SUNWOOD ROAD 5310 SUNWOOD ROAD PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3360347 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -KOSMAN, ADRIAN Street Address (P.O. Box Number is Not Acceptable) 5310 SUNWOOD ROAD PANAMA CITY FL 32404 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (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 \$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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE KOSMAN SHARON KOSMAN, ADRIAN NAME STREET ADDRESS STREET ADDRESS 5310 SUNWOOD ROAD PANAMA CITY, FL 324.04 CITY-ST-ZIP CITY - ST-ZIP PANAMA CITY FL 32404 SHARO KLIMAN Delete TITLE TITLE KOSMAN SHARON NAME NAME 5310 SUNWOOD RD 5310 SUNWOOD AD STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 32404 CITY-ST-ZIP PANAMA CITY, FL 32404 CITY-ST-ZIP KOSMA LA ANN TITLE -TITLE NAME NAME ERIF SUMMINSUS RA STREET ADDRESS STREET ADDRESS Thering LITY, F-CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change □ Delete TITLE ■ 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 supplimental 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 of 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.