2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # P96000000664 1. Entity Name NOW CONSTRUCTION SERVICES, INC. 05-28-2002 91627 019 ***550.00 Principal Place of Business Mailing Address 2334 SE 14TH ST 2440 NW 98 LANE **みいていい** POMPANO FL 33062 CORAL SPRINGS FL 33065-4966 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0651377 OMPANO Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired . . S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANIELSON, DON F JR Street Address (P.O. Box Number is Not Acceptable) 2440 NW 98 LANE CORAL SPRINGS FL 33065-4966 City Zip Code FI 8. The above named entit y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DANIELSON, DON F JR MARKE NAME STREET ADDRESS 2440 NW 98 LANE STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33065-4966 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition 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-ZIP CITY-ST-ZIP 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

Daytime Phone #