FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 11, 2001 8:00 am Secretary of State DOCUMENT # P9600005279 1. Entity Name JOHN UNDERWOOD CONSTRUCTION, INC. 01-11-2001 90044 011 ***150.00 Mailing Address 2930 SW 21ST STREET 2930 SE 31ST STREET OCALA FL 34471-5520 US OCALA FL 34471-5520 2. Principal Place of Business 3. Mailing Address 2930 S.E. 3/55 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3354489 Not Applicable OCALA Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required *३५५७१-552*२ US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNDERWOOD, JOHN A Street Address (P.O. Box Number is Not Acceptable) 2930 SE 31ST ST OCALA FL 34471 City 8. The above named entity submits this statement in the purpose of changing its registered office or registered agent, or both, in the State of Florida. tered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This opporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 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, CR2E034 (10/00) Addition ☐ Change TITLE Delete UNDERWOOD, JOHN A NAME NAME STREET ADDRESS 2930 SE 31ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP OCALA FL 34471 Addition Change ☐ Delete TITLE UNDERWOOD, LYNN B NAME NAME STREET ADDRESS 2930 SE 31ST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P **OCALA FL 34471** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

JOHN UNDERWOOD

01-08-01

352-624-4161

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

i_.