2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

Feb 27, 2002 8:00 am Secretary of State P96000021269 **DOCUMENT #** 1. Entity Name CONTEMPORARY CONSTRUCTION SOUTHEAST, INC. 02-27-2002 90001 029 ***150.00 Principal Place of Business Mailing Address 325 WALKER ST 325 WALKER ST HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3364828 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAUGHERTY, T. PATRICK Street Address (P.O. Box Number is Not Acceptable) 325 WALKER ST HOLLY HILL FL 32117 25 WALKER ts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. Taa above nam ILLIAM SIGNATURE (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, 2002 Fee will be \$550.00 Tax filingifequirement 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. ☐ Delete TITLE ↑ Change ☐ Addition TITLE DAUGHERTY, T. PATRICK NAME NAME SECRETARY 325 WALKER ST STREET ADDRESS STREET ADDRESS VICE PRES HOLLY HILL FL 32117 CITY-ST-ZIP CITY-ST-ZIP PIRECTOR | Delete ☐ Change ☐ Addition TITLE TITLE teepe. William F NAME NAME PREGIDENT STREET ADDRESS 325 WALKER ST STREET ADDRESS TREASURER HOLLY HILL FL 32117 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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-ZIP CITY-ST-ZIP 13. Thereby 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

with all other like empowered

FILED