2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P9600026968 EAST COAST CONTRACT INDUSTRIES, INC. 03-05-2001 90061 041 ***150.00 Mailing Address Principal Place of Business 1095 W. MORSE BLVD. 1095 W. MORSE BLVD. 1.11464114 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3383169 Not Applicable \$8.75 Additional Zip Country ΖIp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHULTZ, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1095 W. MORSE BLVD. WINTER PARK FL 32789 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F TITI F Delete NAME NAME SCHULTZ, KENNETH STREET ADDRESS STREET ADDRESS 1095 W. MORSE BLVD. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition Change TITLE PD ☐ Delete TITLE NAME NAME BANGS, TERRY STREET ADDRESS STREET ADDRESS 1095 W. MORSE BLVD. CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32789 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS 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 ☐ Delete TITLE TITLE

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

Kenneth Schultz

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary/Treasurer NTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 645-3211

Daytime Phone #