) UNI	FORM BU	SINESS RE	PORT	(UBR)			APPROVE AND	3D	062	
DOCUMENT # P96000035109 1. Entity Name							. ~	FILED	, , , , , , , , , , , , , , , , , , ,	Ĭ.	
DANIEL CONSTRUCTION SYSTEMS, INC.							00 JUL 19 PM 4:03				
Principal Place DANIEL JASON 28007 SOULT I BROOKSVILLE US	N RD	•	Mailing Address 28007 SAULT ROAI BROOKSVILLE FL 3			5	SECTIALLA PALOD 9004	RETARY OF SHASSEE, FL	STATE ORIDA \$16C). <i>(</i> (0)	
2. Principal P Suite, Apt.	#, etc.	re pg.2	3. Mailing Addres Suite, Apt. #, et	Se p	g.2		DO NOT WRITE I	<u>}</u>		-	
City & Stat	e 	Country	Zip Zip	City & State Zip Coun				- 368 75 4		e	
<u> </u>		end Address of Curr	ent Registered Agent			7 N	ame and Address of New Regi			:	
	IIEL, JASON				Name Street Address	(P.O. B	ox Number is Not Acceptable)			-	
28007 SOULT RD BROOKSVILLE FL 34601										 	
					City			FL Zip 💱	ode •]	
8. The above	named entity	submits this stateme	nt for the purpose of chan	ging its registe	red office or registe	ered age	ent, or both. In the State of Florida	1.	rs N		
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title of applicable.	(NOTE Register	rad Agent signature requir	ed when re	nsteling)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS After MAY 1, 2000 Fee will Make Check Payable to Dep					will be \$550.00	ate	10. Election Campaign Financ Trust Fund Contribution.		00 May Be .ed to Fees		
11.		OFFICERS A	NO DIRECTORS	12		ADI	DITIONS/CHANGES TO OFFICE]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL, 28007 SO BROOKS	ULT RD	∵ □ Dele	NAI Str	1			. ☐ Change	☐ Addition	RZE034 (9/99	
TITLE NAME STREET ADDRESS	BROOKSVILLE FL Delete		NA)	TITLE NAME STREET ADDRESS			☐ Change	Addition			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	P*1		Y-ST-ZIP			——— (T) Change	- [] Addition		
NAME STREET ADDRESS : CITY-ST-ZIP			Delet	NAI STR				Clange			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		□ Dele	NAI STA			نې	□ Change	Addition		
TITLE NAME STREET ADDRESS	7	·	☐ Dele	e TITE NAA STR	LE ME BELT ADDRESS			Change	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	□ Detet	e TITL NAA STR			<u> </u>	☐ Change	Addition		
13. I hereby c indicated of the corp	on this report poration or th	or supplemental repo e receiver or trustee e	off is true and accurate an	alify for the exe of that my signal report as requ	emption stated in S	sama k	19.07(3)(i), Florida Statutes. I fur ogal effect as it made under oath a Statutes; and that my name ap	i: thai i am an offici	ar or director	-1	
SIGNAT	URE: _	SIGNATURE (10 TYPED	OR PRINTED NAME OF SIGNING	OFFICER OR DIREC	Mi'l'		5-1-00i \$5	Daysma Phone &	278		

2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P96000 CONSTRUCTION SYSTEM					O			
Principal Place DANIEL. JASO 28007 SOULT BROOKSVILLE US	N RD	Mailing Address 26007 AULT) ROAD BROOKSVILLE FL 3601	Soult iou		·				
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	9	City & State		4. FEI Number 59-33	iny in	oplied For ot Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Des	ired S8.75 Ad Fee Require				
	6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of	New Registered Agent				
	IIEL, JASON 07 SOULT RD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	OOKSVILLE FL 34601		City	City FL Zip					
Tax filing re	Signature, typed or printed name of registered age ration is eligible to satisfy its Intangib equirement and elects to do so, ia on back)	ole FILE NOV	OTE: Registered Agent signature requiversity: Y!!! FEE IS \$550.00 13, 2000 Min. will be \$70.00 beloe to Department of S	750.00 10. Election Campa		00 May Be			
11.		D DIRECTORS	12.	i	O OFFICERS AND DIRECTOR	S IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL, JASON 28007 SOULT RD BROOKSVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition			
TITLE NAME STREET AODRESS CITY-ST-ZIP	DIOGNOVILLE / L	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied w	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 110 07/2Vi) Florida Sta	Change	Addition			

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.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #