2001 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P96000039571 1. Entity Name **BIG REDD CONSTRUCTION, INC.** 04-25-2001 90117 012 ***150.00 Principal Place of Business Mailing Address ` 3020 SW 117TH AVE. 3020 SW 117TH AVE. DAIVE FL 33330 DAIVE FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3427136 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATZUGA, MARY D Street Address (P.O. Box Number is Not Acceptable) 3020 SW 117TH AVE. DAIVE FL 33330 Zip Code 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. MARY D. MATZUGA PRESIDENT 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE MATZUGA, MARY D MAME NAME 3020 SW 117TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAIVE FL 33330 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TIT! F MATZUGA, RONALD JAMES NAME STREET ADDRESS STREET ADDRESS 3020 SW 117TH AVE. CITY-ST-ZIP CITY-ST-ZIP DAIVE FL 33330 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MATZUGA, ERIC J NAME NAME STREET ADDRESS 3020 SW 117TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAIVE FL 33330 TITI F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME

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.

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP

Model Hoter RONALIS J. MITTZUGIT, Chiaremen 4/7/01 954 474-0730
SIGNATURE AND TYPED ORDERING OFFICER OR DIRECTOR
Date

D

STREET ADDRESS

CITY-ST-ZIP