2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P96000048260 1. Entity Name B & B MASONRY, INC. 03-22-2000 90065 009 ***150.00 Principal Place of Business Mailing Address 2727 MCINTOSH RD 2727 MCINTOSH RD SARASOTA FL 34232 SARASOTA FL 34232-3904 HS 2. Principal Place of Business 3. Mailing Address 4210 LINWOOD ST 1310 Linwood Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City|& State 4. FEI Number 65-0677220 Florida Flixida ar asoth SARASOT Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROOKS, TERRI L Street Address (P.O. Box Number is Not Acceptable) 2727 MCINTOSH RD SARASOTA FL 34232 FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. blez Wark & Books Change Addition Delete TITLE TITLE BROOKS, MARK E NAME NAME H210 Linwood St 2727 MCINTOSH ROAD STREET ADDRESS STREET ADDRESS xarasota Pl. 341232 SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP P. Terri L. Brooks ☐ Delete TITLE X Change ☐ Addition TITLE BROOKS, TERRI L NAME NAME HZID Linwood St 2727 MCINTOSH ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP ☐ 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

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 repeiver 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00 941-377-0808