FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 10, 2002 8:00 am **Secretary of State** DOCUMENT # P96000066652 1. Entity Name 03-10-2002 90749 001 ****70.00 PPI CONSTRUCTION, INC. 03-10-2002 90749 002 ****88.75 Principal Place of Business Mailing Address 1015 W. NEWPORT CENTER DRIVE 1015 W. NEWPORT CENTER DRIVE SUITE 108 SUITE 108 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 2160 500 10th Street 15050 Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0684372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 344 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEAD, EDWARD C Street Address (P.O. Box Number is Not Acceptable) 1015 NEWPORT CENTER DR WEST #108 **DEERFIELD BEACH FL 33442** 8. The above ned entity submits this statement for the purpose of changing SIGNATURE 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, 2002 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. 12. DVP TITLE TITLE 0 ☐ Addition Delete NAME DOCTEROFF, MARSHALL NAME 1015 W. NEWPORT CENTER DRIVE STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE LEO ID ☐ Addition **CST** _NAME MEAD, EDWARD NAME STREET ADDRESS 1015 W. NEWPORT CENTER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** =TtTLE== Change --____Addition_ TITLE ~ - Delete NAME LOWE, DANIEL M NAME STREET ADDRESS STREET ADDRESS 1015 W NEWPORT CENTER DR #108 CITY-ST-ZIP CITY-ST-7IF DEERFIELD BEACH FL 33442 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change Addition •NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.