2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000068184 Jan 19, 2000 8:00 am Secretary of State CDA CONSTRUCTION SERVICES, INC. 01-19-2000 90004 031 ***150.00 Mailing Address Principal Place of Business 808 FAIRHAVEN DRIVE 808 FAIRHAVEN DRIVE NO PALM BEACH FL 33408-5206 NO PALM BEACH FL 33408 A LEGIOUSIA 3. Mailing Address 2. Principal Place of Business Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ORTH PAM Beac 4. FEI Number Applied For 65-0692125 Ambeach FC Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATKINS, CEBRONE D JR. Box Number is Not Acceptable) **808 FAIRHAVEN DRIVE** NO PALM BEACH FL 33408 urpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity 1-10-00 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. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE □ Delete TITLE ATKINS, CEBRONE D JR. NAME 516 Bay Road North PAlm Beach Fr 33402 STREET ADDRESS **808 FAIRHAVEN DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO PALM BEACH FL 33408 ☐ Addition TITLE TITLE ☐ Delete ATKINS, KERRI ... 516 Bay Road North falm Brack FC 33407 NAME ... NAME ---STREET ADDRESS 808 FAIRHAVEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO PALM BEACH FL 33408 ___ Addition Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP matic

13. I hereby certify that the information Applied 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 supplying that 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 eceiver of 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 attagmment with an address, with all gither like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

1-10-00 5613130557