2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 10, 2003 8:00 am Secretary of State P97000038014 **DOCUMENT #** 1. Entity Name 03-10-2003 90739 050 ***150.00 NANC CONSTRUCTION SERVICE, INC. Principal Place of Business Mailing Address 1544 E. HARMONY LAKE CIRCLE 1544 E. HARMONY LAKE CIRCLE 700262D1 DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0757595 Not Applicable Zip Zip 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 NYSTROM, EDWARD JR. Street Address (P.O. Box Number is Not Acceptable) 1544 E HARMONY LK CR DAVIE FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! 'FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE ☐ Addition Change NAME NYSTROM, EDWARD JR. NAME STREET ADDRESS 1440 S.W. 106TH TERRACE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NYSTRUM, EDWARD NAME STREET ADDRESS 1544 E. HARMONY LAKE CIRCLE STREET ADDRESS CITY-ST-7IP DAVIE FL 33324 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. Thereby 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 10 or Block 11 if with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIN

3-6-03 954-424-0082

Data Davirre Phone #

FILED