2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # P97000061973 1. Entity Name 05-27-2002 90273 011 ***150.00 HUNTER CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 6503 NORTH MILIATARY TRAIL 6503 NORTH MILIATARY TRAIL #307 #307 **BOCA RATON FL 33496 BOCA RATON FL 33496** US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0765337 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired U. 5. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNTER, JEFFREY 6503 NORTH MILIATARY TRAIL #307 **BOCA RATON FL 33496** 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. SIGNATURE . tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME HUNTER, JEFFREY NAME 354 3.E. 5 & Ave STREET ADDRESS 6503 NORTH MILIATARY TRAIL STREET ADDRESS LUAN BELCK FL 33487 EPOKOTE SECKETAM CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-7IP TITLE Corporanascin □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AKE WOXTH, Fl. 33/60 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

E AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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.