4/2 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State DOCUMENT # P97000062450 1. Entity Name HOLLAND BUILDERS OF SOUTH FLORIDA, INC. 04-27-2001 90254 048 ***150.00 Principal Place of Business Mailing Address 4860 N.E. 12TH AVENUE 4860 N.E. 12TH AVENUE FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334 44867 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0768495 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Éee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEIN FORMY Schmatz, John F. Street Address (P.O. Box Number is Not Acceptable) 4860 N.E. 12TH AVENUE FT LAUDERDALE FL 33334 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. John F. Schmatz SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intampible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Delate ☐ Addition TITLE TITLE HANNER, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 4860 N.E. 12TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 ☐ Change ☐ Addition Delete TITLE TITLE SCHMATZ, JOHN NAME NAME STREET ADDRESS 4860 NE 12TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP TITLE " - Addition = ☐ Delete TITLE PRESTON, DIANA NAME STREET ADDRESS STREET ADDRESS 4860.NE.12TH AVE CITY-ST-ZIP CITY-SI-ZIP FORT LAUDERDALE FL 33334 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition

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.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP