2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan 14, 2000 8:00 am Secretary of State DOCUMENT # P9700064335 1. Entity Name RANDY BELL'S CONSTRUCTION MANAGEMENT, INC. 01-14-2000 90034 022 ***150.00 Mailing Address Principal Place of Business 1507 49TH STREET EAST 1507 49TH STREET EAST PALMETTO FL 34221-2017 PALMETTO FL 34221 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0840786 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required == 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELL, LARRY R Street Address (P.O. Box Number is Not Acceptable) 1507 49TH STREET EAST PALMETTO FL 34221 Zip Code F۱ 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE BELL, LARRY R NAME NAME 1507 49TH STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 DS ☐ Change ☐ Addition TITLE Delete TITLE BELL, GLENNA C NAME 1507 49TH STREET EAST STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 - 1 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE BELL, HOWARD R NAME NAME 1507 49TH STREET EAST STREET ADDRESS STREET ADDRESS PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED