FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2002 8:00 am Secretary of State P97000078068 DOCUMENT # 1. Entity Name 9-19-2002 90159 036 ***150 ALAN JAMES CONSTRUCTION COMPANY Mailing Address Principal Place of Business 4805 17TH AVENUE SOUTH 4805 17TH AVENUE SOUTH UU133014 SAINT PETERSBURG FL 33711 SAINT PETERSBURG FL 33711 2. Principal Place of Busines 4805 Suite, Apt. #, etc. 4805 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3469692 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Pinilla Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name ADAMS, RAY O. Box Number is Ndt Acceptable) Street Address 4805 17TH AVENUE SOUTH 06 SAINT PETERSBURG FL 33711 City 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 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 \$550.00 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. After September 13, 2002 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (4/02) TITLE ☐ Delete TITLE Change ☐ Addition FARNUM, JAMES NAME NAME 14048 GULF BLVD. STREET ADDRESS STREET ADORESS MADEIRA BEACH FL 33708 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME ADAMS, RAY NAME 4805 17TH AVENUE SOUTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33711 CITY-ST-7IP CITY-ST-ZIE ____ Addition. TITLE Delete TITLE: __Change_ Jerome, Matthew NAME STREET ADDRESS 2701-17TH AVENUE NORTH STREET ADDRESS SAINT PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date

Daytime Phone #

- CHACIMIT P97000678018 To whom it may concern 1) is to the death of my wife. I would like to apploaise for the oversight of the corporation payment that was late. one who handled all of our business affairs. Again, at so apologize for the James Tarmum