2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P97000079054 DOCUMENT # 1. Entity Name **Secretary of State** BRIAN STUCKEY RESIDENTIAL CONTRACTOR, INC. Principal Place of Business Mailing Address 8371 MERCADO STREET 8371 MERCADO STREET GULF BREEZE FL NAVAREE FL32566 32566 2. Principal Place of Business 3. Mailing Address 8371 MERCADO STREET 8371 MERCADO STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NAVARRE FL NAVARRE 59-3468464 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STUCKEY STUCKEY 1960 PINE RANCH DRIVE Street Address (P.O. Box Number is Not Acceptable) 8371 MERCADO ST NAVAREE FL32566 US City Zip Code NAVARRE 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. BRIAN STUCKEY 04/30/2001 Signature, typed or printed name of registered 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change BRIAN MAME STUCKEY NAME STUCKEY BRIAN STREET ADDRESS 1960 PINE RANCH DR. STREET ADDRESS 8371 MERCADO ST. CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP NAVARRE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде ☐ Addition 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 ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered. BRIAN STUCKEY SIGNATURE: _ 04/30/2001

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR