FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 11, 2002 8:00 am P97000079273 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90119 043 ***150.00 DESIGN-BUILD & ENGINEERING, INC. Principal Place of Business Mailing Address 3019 SE 10TH AVE 3019 SE 10TH AVE CAPE CORAL FL 33904 CAPE CORAL FL 33904 US US 2. Principal Place of Business 11470 Sw 5746 3. Mailing Address 10250 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0794227 Mou Not Applicable Country & Country A \$8.75 Additional 5. Certificate of Status Desired 3316 5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Andres MARTINEZ ELLIOTT, LEIGHTON M Street Address (P.O. Box Number is Not Acceptable) 30 19 S.E. 10TH AVENUE CAPE CORAL FL 33904 Miaui nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named NOTE: Registered Agent signature required whoth reinstating) 1,20,02 SIGNATURE or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01 TITLE ☐ Delete TITLE NAME MARTINEZ, ANDRES NAME 11470 SW 57TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete **ELLIOTT, LEIGHTON** NAME STREET ADDRESS 3019 SE 10TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 V D ☐ Change MARTINEZ TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS FL 33173 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition 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 supplied the property of its true and adjurant 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 of trustee employered 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 wit

SIGNATURE:

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR