2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086527 May 03, 2000 8:00 am 1. Entity Name Secretary of State PAWLAK CONSTRUCTION CLEAN-UP, INC. 05-03-2000 90018 045 ***150.00 Mailing Address Principal Place of Business 4700 4TH ST. W. 4700 4TH ST W LEHIGH ACRES FL 33971-1613 LEHIGH ACRES FL 33971 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip \$8.75 Additional 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 PAWLAK, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 4700 4TH ST. W. LEHIGH ACRES FL 33971 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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. Addition TITLE Delete TITLE PAWLAK, CATHERINE L NAME NAME STREET ADDRESS 2593 MACON CIRCLE STREET ADDRESS CITY-ST-ZIP N FT MYERS FL 33917 CITY-ST-ZIP Change Addition PAWLAK, LONDA S. ☐ Delete TITLE VICE PRES PAWŁAK, LONDA S 4700 GTX ST W. NAME STREET ADDRESS STREET ADDRESS 4700 4TH ST. W. EHICH ACRES FL 33971 CITY-ST-ZIP CITY-ST-ZIP **LEHIGH ACRES FL 33971** PAWLAK JEFFREY D. 4700 47 ST W. Addition PAWLAK, JEFFREY D. ☐ Delete TITLE TITLE NAME NAME LEHIGH AERES, FL 33971 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 3397 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

(941) 731-0451

Daytime Prione #