## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2000 8:00 am DOCUMENT # P97000097384 Secretary of State NEUDECK CONSTRUCTION, INC. 05-01-2000 90394 018 \*\*\*150.00 Principal Place of Business Mailing Address 12412 FLYNN ROAD 12412 FLYNN ROAD JACKSONVILLE FL 32223-2624 JACKSONVILLE FL 32223 948/1U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3479057 Not Applicable Country \$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 NEUDECK, RUSSELL E Street Address (P.O. Box Number is Not Acceptable) 12412 FLYNN ROAD JACKSONVILLE FL 32223 Zip Code City 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. SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TIT1 F '💢 Change TITLE NEUDECK, RUSSELL E NAME NAME 12412 FLYNN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Jacksonville fl 32223 ☐ Change ☐ Delete TITLE NAME - Neudeck, Debora h STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition X Change Delete TITLE e President Neudeck, Christina L. Boso San Jose Village have #1 Elorida 32217 NAME 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 Delete TITLE ☐ Change Addition 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

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 attack might with an address, with all other like empowered.

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