2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # **P98000005337** HOBAN CONSTRUCTION, INC. 05-23-2000 90206 002 ***150.00 Mailing Address Principal Place of Business 300 GREYMON DRIVE 300 GREYMON DRIVE WEST PALM BEACH FL 33405-1922 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address 300 Greymon Dr 300 Greymon Dr DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 3 300 Greymon Dr Applied For City & State 4. FE! Number 65-0813790 Not Applicable West Palm Beach, FL West Palm Beach, FL Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33405 U.S.A 33405 U.S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kirk Grantham, P=A GORDON, LEE B ESQ Street Address (P.O. Box Number is Not Acceptable) 1860 Forest Hill Blvd 350 ROYAL PALM WAY #403 PALM BEÂCH FL 33480 Suite 105. West Palm Beach 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 (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 12. 11. Addition ☐ Delete TITLE HOBAN, SEAMUS NAME NAME STREET ADDRESS 300 GREYMON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Addition Change ☐ Delete TITLE NAME HOBAN, JANICE NAME STREET ADDRESS STREET ADDRESS 300 GREYMON DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 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.

4-27-00.
Date (561) Dept. 260.