FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am DOCUMENT # P98000020413 **Secretary of State** JEC ROADS CORP. 02-09-2001 90768 013 ***158.75 Principal Place of Business Mailing Address 2515 E HANNA AVE 2515 E HANNA AVE **TAMPA FL 33610 TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3572037 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired x Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMSON, LEON A JR." Street Address (P.O. Box Number is Not Acceptable) 2515 E HANNA AVE **TAMPA FL 33610** Zip Code 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. [X] Change TITLE ☐ Delete TITLE WILLIAMSON, LEON A JR. WILLIAMSON, LEON A., JR. NAME 2515 E HANNA AVE 2515 E. HANNA AVE. STREET ADDRESS STREET ADDRESS TAMPA, FL 33610 CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP ☐ Delete ☐ Change Addition JURADO, JAIME NAME 2515 E. HANNA AVENUE STREET ADDRESS STREET ADDRESS **TAMPA FL 33610** CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ 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. SIGNATURE: 2/7/01 (813) 238–5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR