2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000022411 Sep 05, 2000 8:00 am Secretary of State 1. Entity Name FAST TRACK CONCRETE & MASONRY, INC. 09-05-2000 90043 002 ***550.00 Electrical Lines Principal Place of Business Mailing Address 6971 ST EDMUNDS LOOP SOUTH EAST 6971 ST EDMUNDS LOOP SOUTH EAST FT MYERS FL 33912 FT MYERS FL 33912 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 65-0820999 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, ROBERT L JR Street Address (P.O. Box Number is Not Acceptable) 6971 ST EDMUNDS LOOP SOUTH EAST FT MYERS FL 33912 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.. OFFICERS AND DIRECTORS ्र सम्बद्धाः 🗜 १७०० व्यवस्थाः The 21 □ Delete Change ☐ Addition TITLE PARKER, ROBERT L JR NAME NAME 6971 ST EDMUNDS LOOP SOUTH EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33912 Change □ Addition ☐ Delete TITLE TITLE PARKER, MARRIANNE K NAME NAME STREET ADDRESS 6971 ST EDMUNDS LOOP SOUTH EAST STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition

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

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete