2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P98000026484 TAYCON CONSTRUCTION MANAGEMENT INC. 02-07-2001 90155 028 ***150.00 Principal Place of Business Mailing Address 10180 RIVERSIDE DR 10180 RIVERSIDE DR STE 7 STE 7 PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0830774 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAMS, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD STE 1050 WEST PALM BEACH FL 33401 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE SZYNDLAR, GARRY J NAME NAME STREET ADDRESS 6419 LONGLEAF PINE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 Change ☐ Addition ☐ Delete TITLE HENSCHEL, KELLY NAME NAME 4502-25 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BCH GARDENS FL 33418 Change - Addition TITLE Delete TITLE : SZYNDLAR, BARBARA J NAME NAME 6419 LONGLEAF PINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete 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 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 received 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 of the anaddress, with all other like empowered. PRESIDENT

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTO

N. Szyndlar 1/3/01