2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P98000070914 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** E. D. & D. CONSTRUCTORS, INC. 01-28-2000 90127 032 ***150.00 Principal Place of Business Mailing Address 1409 FORSYTHE RD 1409 FORSYTHE RD WEST PALM BEACH FL 33405-1013 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0867032 Not Applicable \$8.75 Additional Zip Country 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 DIAMOND, PERRY A JR. Street Address (P.O. Box Number is Not Acceptable) 2326 S. CONGRESS AVE., SUITE 1-C W. PALM BCH FL 33406 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 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 **PSTV** ☐ Delete TITLE DIAMOND, PERRY A JR. NAME NAME STREET ADDRESS 2326 S. CONGRESS AVE., SUITE 1-C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33406 ☐ Addition ☐ Delete Change TITLE DIAMOND, PERRY A JR. NAME NAME 2326 S. CONGRESS AVE., SUITE 1-C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33406 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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