2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURÉ:

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P98000071686 J. RICHARDSON CONSTRUCTION COMPANY 04-28-2001 90017 025 ***150.00 Principal Place of Business Mailing Address 3070 RIVERBROOK DRIVE 3070 RIVERBROOK DRIVE 751154 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. # DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3527652 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES RICHARDSON FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) SC? OR IURA BROOK 6 2843 THAXTON DRIVE, #37 PALM HARBOR FL 34684 Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above names SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This oration is eligible to satisfy its Intangible .10. Election Campaign Financing \$5.00 May Bo After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete TITLE TITLE RICHARDSON, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 3070 RIVERBROOK DR CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

BRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR