2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P98000072826** FLORICO CONTRACTING, INC. 05-17-2000 91098 001 ***300.00 Principal Place of Business Mailing Address 222 W. COMSTOCK AVE P.O. BOX 547607 SUITE 111 ORLANDO FL 32854-7607 WINTER PARK FL 32789 US 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For itv & State 4. FEI Number 59-3528688 Not Applicable Country . \$8.75 Additional Zip _ ____ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent itchins, Hobert J **HUTCHINS, ROBERT J** reet Address (P.O. Box Number is Not Acceptable) 222 W COMSTOCK AVE #111 suite 110 WINTER PARK FL 32789 'ar K 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so П 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 12. 11. ☐ Addition D Change 1 TITLE TITLE ☐ Delete Hutchins, Robert J. 400 N. Wymore Rd, Suite 110 HUTCHINS, ROBERT J NAME NAME 222 W COMSTOCK AVE STE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP Winter Park, FL 32789 Change ☐ Addition ☐ Delete TITI F TITLE West, Christopher D. WEST, CHRISTOPHER D NAME NAME 400 N. Wymore Rd, Suite 110 222 W COMSTOCK AVE STE 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Winter Park, FL 32789 UNIT-ST-ZIP WINTER PARK FL 32789 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME

I hereby certify that the information supplied wit 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 by 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 by trusted emptwered 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. 13. I hereby certify that the

STREET AD,

CITY-ST

RESS

SIGNATURE:

STREET ADDRESS

Chin hadr Wa IE OF SIGNING OFFICER O