2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT W. Buffett, Treasurer

FILED Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000078652 DRISCOLL BUILDING COMPANY 04-11-2001 90068 005 ***150.00 Principal Place of Business Mailing Address 5691 N.E. 14 AVE 5691 N.E. 14 AVE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0864800 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name _ _ _ NILES, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 2601 EAST OAKLAND PARK BLVD **SUITE 400** FT. LAUDERDALE FL 33306 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 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. 12. CR2E034 (10/00) ☐ Change Addition TITI F ☐ Delete TITLE DRISCOLL, JAMES P NAME Buffett, Robert W. 5691 N.E. 14 Avenue STREET ADDRESS 5691 N.E. 14 AVE STREET ADDRESS Ft. Lauderdale, FL 33334 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ Change Delete NAME DRISCOLL, MARTIN K NAME STREET ADDRESS 5691 NE 14 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 Change ☐ Addition TITLE ☐ Delete TITLE DRISCOLL, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 5691 NE 14 AVE CITY-ST-ZIP FT LAUDERDALE FL 33334 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition PFORDRESHER, ROBERT T NAME NAME STREET ADDRESS STREET ADDRESS 5691 NE 14 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME 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 impowered.

4/6/01

954-772-9355

Daytime Phone #