2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GNATURE:

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P98000085525** OLDE FLORIDA CONSTRUCTION, INC. 04-25-2001 90189 004 ***150.00 Principal Place of Business Mailing Address 585 MACK BAYOU RD 10859 EMERALD COAST PKWY #4-325 DONTENDO SANTA ROSA BEACH FL 32459 DESTIN FL 32541 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3536672 Not Applicable 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 Name MCGILL, ROBERT E III Street Address (P.O. Box Number is Not Acceptable) 36008 EMERALD COAST PARKWAY STE. 301 DESTIN FL 32541 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 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE NAME MITCHELL, STEVE NAME STREET ADDRESS 10859 EMERALD COAST PKWY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DESTIN FL Addition TITLE ☐ Change TITLE Delete DEVINEY, DONNA NAME NAME STREET ADDRESS 10859 EMERALD COAST PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL Change Addition TJT1 F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3. 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

Date

Daytime Phone #