2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000099441 Apr 22, 2000 8:00 am Secretary of State TREECE CONSTRUCTION, INC. 04-22-2000 90100 011 ***150.00 Principal Place of Business Mailing Address 1801 CHADWICK RD 1801 CHADWICK RD ENGLEWOOD FL 34238 ENGLEWOOD FL 34223-1515 2. Principal Place of Business 3. Mailing Address 1801 CHAPWICK ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. ENglewood Applied For City & State City & State 4. FEI Number 65-0877962 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SARASOTA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TREECE, ROBERT S Street Address (P.O. Box Number is Not Acceptable) /8/9 CHADWICK ROAD 8714 GREY OAKS AVE SARASOTA FL 34238 Nalewood Zip Code <u> 34223- 1515</u> 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 KOASUROL SIGNATURE 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. 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 OFFICERS AND DIRECTORS 11. Addition Delete TITI F TITLE TREECE, ERIC W NAME NAME STREET ADDRESS 1801 CHADWICK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223-1515 Addition | ☐ Change TITLE ☐ Delete TITLE NAME TREECE, SCOTT W NAME STREET ADDRESS 1819 CHADWICK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Change Addition TITLE ☐ Delete NAME TREECE, KATHLEEN T NAME STREET ADDRESS 1801 CHADWICK RD STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223-1515 CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete TREECE CONNIE W. NAME TREECE, CONNIE W NAME CHADWICK ROAD 8714 GREY OAKS AVENUE STREET ADDRESS STREET ADDRESS FNGLEWOOD, FL 34223-1515 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 empowered.

SIGNING OFFICER OF DIRECTOR