

FILED Mar 03, 2005 08:00 AM Secretary of State

| DOCUMENT # P98000104321 1. Entity Name GEARTZ CONSTRUCTION CO. Principal Place of Business Mailing Address | | | | | | | | Se | ecréta | ary o | f State |
|---|------------|--|----------|--|---|---------------------------------------|---|--|--------------------|-----------------------------|-------------------|
| 5610 33RD STREET EAST BRADENTON, FL 34203 | | | | 5610 33RD STREET EAST BRADENTON, FL 34203 | | | | ¥ 2 0 10 11 30 11 0 11 0 2 | | OPE IIIO IOPE II | KINNI SI SRNI |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | | Sulte, Apt. #, etc. | | | 02142005 | Chg-P | CR2E0 | 34 (10/03) | |
| | ty & State | | | & State | | 4. FEI Numb 65-088 | | | | oplied For ot Applicable | |
| Zip | Country | | Zip | | | ntry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| Name and Address of Current Registered Agent | | | | | | Name | 7. Name and | Address of New F | Registered A | lgent | |
| GEARTZ, 5610 33RI BRADENT | D STREE | | | Street Address (| eet Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | City | | | FL | Zip Cod | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | |
| 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 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | | | |
| 10. | T = | OFFICERS AND | DIRECTOR | | 11. | · · · · · · · · · · · · · · · · · · · | ADDITIONS/ | CHANGES TO OFF | ICERS AND | DIRECTORS | 3 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5610 33R | KENT W D STREET EAST TON, FL 34203 | - | Delete . | • | l | | U00000 03/03/05- |)249992 -80023- | □ Change 020 15 | Addition Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5610 33R | KATHIE J D STREET EAST TON, FL 34203 | - | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V | | | ☐ Delete | | | | a a Mhù da ann daonn a daonn a dhaile a | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | l | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete · | | 1 | | | | Change | Addition |
| 12. 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE | | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAILY | | | | | | | | | | | |