2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am § Secretary of State DOCUMENT # P99000000417 1. Entity Name CARAWAY CONCRETE EQUIPMENT, INC. 05-28-2002 91538 030 ***150.00 Principal Place of Business Mailing Address 3206 N. TANNER RD. 3206 N. TANNER RD ORLANDO FL 32826 ORLANDO FL 32826 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 59-3558081 Not Applicable Zip 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 DOWDA, DAMON Street Address (P.O. Box Number is Not Acceptable) 3206 N. TANNER RD. ORLANDO FL 32826 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete Change ☐ Addition DOWDA, DAMON NAME NAME P.O. BOX 678485 (N/A) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32867 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Michael CourtNEY, 3206 N. TANNER RO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF F. 3282 b CITY-ST-78P TITLE Change Addition LINDA COURTNEY NAME 3206 N. TANNER Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fl. 32826 TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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

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SIGNATURE:

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