2000 UNIFORM BUSINESS REPORT (UBR) DÖCUMENT # **P99000002528** May 04, 2000 8:00 am Secretary of State FERG NATIONAL CONSTRUCTION, CO. 05-04-2000 90145 033 ***150.00 Principal Place of Business Mailing Address 3990 NW 52ND PL 3990 NW 52ND PL **BOCA RATON FL 33496** BOCA RATON FL 33496-2738 3. Mailing Address 2. Principal Place of Business しるイス 6342 66 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Sity & State Applied For 4. FEI Number City & State Not Applicable Country 05 A ٠Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 33061 306 Fee Required U5 A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UCC FILING & SEARCH SERVICES, INC. 526 E. PARK AVE. **TALLAHASSEE FL 32301** ^{Zip}338067 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 DATE 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, 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.D. Stanley Finew PD ☐ Addition TITLE ☐ Delete FINA, STANLEY NAME NAME 6342NW66WDY STREET ADDRESS 3990 NW 52ND PL. STREET ADDRESS PARKland FL 33067 CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP Change mmett Fins 621 tustle Run Blud #1001 ☐ Delete TITLE FINA. EMMETT NAME STREET ADDRESS STREET ADDRESS 3990 NW 52ND PL CORAL SPRINGS FL 3306 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** TITLE TITLE X Delete GOCH, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 3990 NW 52ND PL. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITI F 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 occurate 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

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