2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 05, 2000 8:00 am Secretary of State DOCUMENT # P99000006907 1. Entity Name QUALITY CONSTRUCTION PRACTICES OF SARASOTA, INC. 05-03-2000 90035 045 ***150.00 Principal Place of Business Mailing Address 6572 MAUNA LOA BLVD. 6572 MAUNA LOA BLVD. SARASOTA FL 34241-5715 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICH, STEPHAN C Street Address (P.O. Box Number is Not Acceptable) 6572 MAUNA LOA BLVD. SARASOTA FL 34241 Zip Code City 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 algorature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 CR2E034 (9/99) Change Dclete IIILE nue RICH, STEPHAN C NAME NAME STREET ADDRESS 6572 MAUNA LOA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34241 ☐ Change Addition Delete TITLE F SOADY, MARK KURT J BOMAR 2014 44 STR MAME STREET ADDRESS 5205 257TH ST. E STREET ADDRESS SARASOTA CITY-S1-ZIP 34237 CITY-ST-74P MYAKKA CITY FL 34251 Addition Change Delete IIILE John Lowrence NAME JONES, DAVID NAME 6572 Mouna LOA ALVD STREET ADDRESS 6572 MAUNA LOA BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA CITY-ST-ZIP SARASOTA FL 34241 Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - ZIP Addition □ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP 13. I hereby certily 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 eath; 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.