Jul 31, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Secretary of State P99000011895 DOCUMENT # 07-31-2003 90074 018 ***158.75 1. Entity Name TYREE CONSTRUCTION CORP. Principal Place of Business Mailing Address 878 LA PALOMA RD POST OFFICE BOX 2065 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 1 9 Embrid av Road 3. Mailing Address 2065 P. O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0891483 Leu eu Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33037 11. S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TYREE, JAMES H Street Address (P.O. Box Number is Not Acceptable) 878 LA PALOMA ROAD KEY LARGO FL 33037 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. the obligations of registered agent. SIGNATURE agent and title if applicable FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (4/03) TITLE TITLE Addition Delete NAME TYREE, JAMES H NAME Tyree, James 979 Gibraltar Road 878 LA PALOMA ROAD STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete - -JITLE ☐ Addition TITLE 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trustee 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.



July 28, 2003

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, FL 33037

Dear Office Personnel

Please accept my apologies for the delinquency of the State required Uniform Business Report. Please believe me when I say I do not believe I've ever received the report forms to have the UBR sent to you in a more timely fashion. Thank You in advance for waiving the fine, it will be much appreciated and I will make safeguards to avoid this situation in the following years,

James H. Tyree President