2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P99000019873 1. Entity Name DLS CONSTRUCTION, INC. 04-19-2001 90006 042 ***158.75 Principal Place of Business Mailing Address C/O JUPITER LAW CENTER C/O JUPITER LAW CENTER 6390 INDIANTOWN RD. SUITE 30 6390 INDIANTOWN RD. SUITE 30 JUPITER FL 33458 JUPITER FL 33458 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 65-0998515 Not Applicable Zip Country Country \$8.75 Additional 귳 5. Certificate of Status Desired Fee Required _____ ...6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name GUMSON, RICHARD P Street Address (P.O. Box Number is Not Acceptable) C/O JUPITER LAW CENTER 6390 INDIANTOWN RD, SUITE 30 JUPITER FL 33458 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** 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. n ☐ Addition D TITLE ☐ Delete TITLE SE PINE GROVE STEWART, DARYL L NAME NAME STREET ADDRESS 2764 SE RANCH ACRES CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 39478~ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition TITLE 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 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 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 empowered.

DATE AT THE THE THE THE PROPERTY NAME OF SIGNING OFFICER OF DIRECTOR / 19 /01

(561) 346 - 0212

Daytime Phone #

SIGNATURE