FILED May 07, 2003 8:00 am Secretary of State 05-07-2003 90178 014 ***150.00

2003	FOR	PROFIT	CORPORAT	ION
UNIFO	RM I	BUSINES	S REPORT	(UBR)

DOCUMENT # P9900032353 1. Entity Name DAVID BARRON & ASSOCIATES DESIGN BUILD					05-07-2005	J01 / 8 01	4 1.	30.00	
CONTRA	CTORS, INC.	•			1				
Principal Place 2812 AIRPOI PLANT CITY,		Mailing Address 2812 AIRPORT RD. PLANT CITY, FL 33567		•					
10035	Place of Business Alexander St.	3. Mailing Address 1003 S. AUX	ander S	ተ <u>.</u>					
Suite Apt		Suite, Apt. #, etc.			CHECK HERE I	F MAKING C	HANGES		_
Plant		Plant City	Flor		4. FEI Number 59-3569279			pplied For of Applicable	_
3354	e3 Hillsburough	33563	Hillsbo	rough	5. Certificate of Status Desired	□ \$ \$	3.75 Adı e Require	ditional ed	
DADBON (-6. Name and Address of Current F	Registered Agent	Name		7: Name and Address of New R	egistered Age	ent"		}
2812 AIRPC	CHARLES D DRT RD. Y, FL 33567		Street	Address (I	P.O. Box Number is Not Acceptable)			_
	4.		City			FL	Zip Cod	l e	}
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office	or register	ed agent, or both, in the State of Flo	rida. I am fan	nillar with,	and accept	1
SIGNATURE .	Signature, typed or printed name of registered agent at	AND TO STATE OF THE PARTY OF TH	Registered Agent sign			DATE			
After	FILE NOWIU FEETS \$150.00. May 1, 2003 Fee Will be \$550.00. Payable to Florida Department of		Hags also Agains of	EUN NICHTON	9. Election Campaign Fin: Trust Fund Contribution	ancing _	\$5.0 Added	O May Be	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRON, CHARLES D 2812 AIRPORT RD. PLANT CITY, FL 33567	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-21P	100	isident ith, Ronald W 3 S. Alexander S nt City, FL 32	5+., Su] Change i 七一	Addition	CRZE034 (10/02)
TITLE NAME STREET ADDRESS		☐ Dekte	TITLE NAME STREET ADDRESS		41-97, 19 30] Change	☐ Addition	CRZE
CITY-ST-ZP TITLE NAME		☐ Delete	CITY-ST-2IP TITLE NAME	-) Change	Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	<u> </u>	- <u>-</u>				
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STHEET ADDRESS] Change	☐ Addition	
TITLE NAME		☐ Delete	CRY-ST-ZIP TITLE NAME				Change	Addition	1
STREET ADDRESS CITY-ST-ZP			STREET ADDRESS CITY-ST-ZIP				_		
TITLE NAME STREET ADDRESS		Deleve	TITLE NAME STREET ADDRESS				Change .	Addition	
indicated	erify that the information supplied with the on this report or supplemental report is transfer or trustee empowers or on an attachment with an address, with	tue and accurate and that my	signature shall	have the sa	ame legal effect as if made under oa	ith: that I am a	an officer (or director	
SIGNAT	URE: 1	TO STATE OF SIGNING OFFICER OF	ALD M.S	DM ITH	. 41	213-7	19-8 a Prione #	<u>333</u>	