2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000032477 1. Entity Name WINDERTON CONSTRUCTION INC. FILED Aug 07, 2002 8:00 am Secretary of State 08-07-2002 90172 026 ***550.00

1. Entity Name 08-07-2002 90172 026 ***550 00 KINGSTON CONSTRUCTION, INC. Mailing Address Principal Place of Business POST OFFICE BOX 149601 5109 OLD CHENEY HWY ORLANDO FL 32814 ORLANDO FL 32014 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3570960 Not Applicable Country ... \$8.75 Additional 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 RICHARD NGUYEN NGUYEN, RICHARD 2820 WALDEN POND 5109 old cheney HWY LONGWOOD FL 32779 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F Delete PKES. T/T/F NOUYEN, RICHARD MAME NGUYEN, RICHARD NAME 5109 old changy HWY STREET ADDRESS 2820 WALDEN POND STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY_ST_ZIP_ ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY~ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/02 407-970-4390

Daytime Phone #

CR2E03