2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000035277 May 22, 2000 8:00 am Secretary of State 1. Entity Name SEAGULL CONSTRUCTION GROUP, INC. 05-22-2000 90084 008 ***500.00 Principal Place of Business Mailing Address 2172 BRUTON BLVD. STE. 264 2172 BRUTON BLVD. STE. 264 ORLANDO FL 32805 ORLANDO FL 32805-5717 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 59-3566298 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VEREEN, ALONZO Street Address (P.O. Box Number is Not Acceptable) 2172 BRUTON BLVD. STE. 264 ORLANDO FL 32805 5125 NEPONSET AVENUE City ORLANDO Zip Code 32808 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 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 12. 11. C,PX Addition ☐ Change TITLE Delete TITLE ALONZO VEREEN NAME NAME STREET ADDRESS STREET ADDRESS 5125 NEPONSET AVENUE CITY-ST-ZIP CITY-ST-ZIP CRIANDO, FL 32808 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME LENTON WARREN STREET ADDRESS STREET ADDRESS 2305 COLLINGWORTH AVENUE CITY-ST-ZIP CHY-ST-7IP <u> MARIETTA, GA = 30062</u> Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME RHINDA RICHAROSON STREET ADDRESS STREET ADDRESS 4851 KING JOHN WAY CITY-ST-ZIP CITY-ST-ZIP UPPER MARLECRO, MD - 20772 TITLE ☐ Change X Addition ☐ Delete TITLE NAME NAME ADRIAN VEREEN STREET ADDRESS STREET ADDRESS 601 SW 11th SIREET CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE, FL 33430 ☐ Change Addition ☐ Delete TITLE NAME NAME BERNADETTE BROWN STREET ADDRESS STREET ADDRESS 700 CANAL STREET CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE, FL_33430 Addition ☐ Delete TITLE ☐ Change TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 om

SIGNATURE:

/ REP ER OR DIRECTOR

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