2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P99000035647 SUN PACIFIC CONSTRUCTION, INC. 05-24-2000 90064 028 ***150.00 Mailing Address Principal Place of Business 1951 FIELD ROAD 1951 FIELD ROAD SUITE B SUITE B SARASOTA FL 34231-2313 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 100 EAST LINTON BLUD OO EAST LINTON BLUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Suite 200 A Suite 4. FEI Number Applied For City & State City & State 65-0913675 Delmu Not Applicable D^{ol} \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BONE, DAVID D Street Address (P.O. Box Number is Not Acceptable) 1951 FIELD ROAD SUITE B SARASOTA FL 34231 ∯ City Zip Code FL 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, 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 11. OFFICERS AND DIRECTORS 12. **Addition** TITLE ☐ Change 🔀 Delete TITLE CLACK D. Dubreuil BONE, DAVID D NAME 3151 Airway Avenue, Suite U-3 1951 FIELD ROAD STE B STREET ADDRESS STREET ADDRESS Costa mesa, CA 92626 CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP V/T/S ☐ Change Addition TITLE □ Delete DANIEL R. RUDD NAME NAME 3151 Airway Avenue, Suite U-3 STREET ADDRESS STREET ADDRESS Costa Mesa, CA 92626 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 8 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST- 21P CITY-ST-ZIP 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

15/01/00 SIGNATURE: ついくちょう しょうしょう SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.