2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P9900041598 1. Entity Name MID-FLORIDA CONSTRUCTION SERVICES, INC. 05-03-2001 90924 034 ***150.00 Principal Place of Business Mailing Address 15415 BELŁAMY RD. 15415 BELLAMY RD. TAMPA FL 33625 TAMPA-FL 33625 2. Principal Place of Business 3. Mailing Address 15471 Bellamy Rd. 5471 Bellamy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3578049 Tampa Tama. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired u.S.A. 33625 u.s.a. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert H. Burkart Burkart ROGERS, KENNETH Street Address (P.O. Box Number is Not Acceptable) 15415 BELLAMY RD. **TAMPA FL 33625** Bellamy Rd. Zip Code 33625 Tampa 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 4-25-01 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribútion. 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. 🔀 Change Addition 🔀 Delete TITLE TITLE ROGERS, KENNETH M NAME 15471 Bellamy Rd STREET ADDRESS 15415 BELLAMY RD STREET ADDRESS Tampa, FL 33625 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33625 S Burkart Delete TITLE Change ☐ Addition TITLE BURKHART, ROBERT H NAME NAME STREET ADDRESS 15471 BELLAMY RD STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33625** CITY-ST-ZIP ☐ Addition X Delete Change TITLE TITLE ROGERS, DENNIS N NAME NAME STREET ADDRESS 15411 BELLAMY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** ☐ Change ☐ Delete TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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SIGNATURE: X Catal Blanker III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Robert H. Burkkart

213-960-2849

Change

Addition

Date

Daytime Phone #