FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State DOCUMENT # P99000045239 1. Entity Name 01-30-2002 90014 025 ***150 00 DOUGLAS E. MOFF CONSTRUCTION, INC. Principal Place of Business Mailing Address 10681 DEER RUN FARMS ROAD 10681 DEER RUN FARMS ROAD FORT MYERS FL 33912 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0919422 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOFF, DOUGLAS E Street Address (P.O. Box Number is Not Acceptable) 10681 DEER RUN FARMS ROAD FORT MYERS FL 33912 Zip Code City 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. 1-14-02 (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition □ Delete TITLE TITLE MOFF, MARLENE K NAME NAME 10681 DEER RUN FARMS ROAD STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MOFF, DOUGLAS É NAME NAME STREET ADDRESS 10681 DEER RUN FARMS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33912 - Change ---- --- Addition- Delete TITLE NAME NAME KING, PATRICK A STREET ADDRESS STREET ADDRESS 10681 DEER RUN FARMS RD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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