2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000049371 Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** BICHARD BUILDING GROUP, INC. 02-28-2000 90019 027 ***150.00 Principal Place of Business Mailing Address 257 KETTLE-COURT 257 KETTLE_COURT CASSELBERRY FL 32707 CASSELBERRY FL 32707-4108 2. Principal Place of Business 3. Mailing Address 768 SOANKLING WATER CON 1768 SPARLING WAREN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59 - 359 Applied For City & State Not Applicable Coze \$8.75 Additional Country 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CURTIS HOUSE, CURTIS A 257 KETTLE COURT SPANKLING Warm GREVE CASSELBERRY FL 32707 Zip Code **347**し the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement to SIGNATURE (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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change D ☐ Delete TITI F TITLE NAME NAME BICHARD, BARRY C STREET ADDRESS STREET ADDRESS 1768 SPARKLING WATER CIRCLE CITY-ST-ZIP CITY-ST-7IP OCOEE FL 34761 Change ☐ Addition Delete TITI F TITLE NEWSOME, HARVEY G JR. NAME NAME STREET ADDRESS STREET ADDRESS 5400 CONWAY POINT CT. CITY-SJ-ZIP CITY-ST-ZIP ORLANDO FL 32812 ' ☐ Change ☐ Addition TITLE 💢 Dekite NAME HOUSE, CURTIS A STREET ADDRESS STREET ADDRESS 257 KETTLE COURT CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowered.