2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P99000068411 1. Entity Name 🔀 5 FILED CROWE CONSTRUCTION, INC. 00 JUL 27 AM 9: 40 Mailing Address Principal Place of Business 2105 Beacon Hill Ct. 151 Lookout Place, Suite 200 SEURETARY OF STATE Casselberry, Florida 32707 Maitland, Florida 32751 3. Mailing Address 2. Principal Place of Business Suite Apt # etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3590970 Not Applicable \$8.75 Additional Country Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROWE, JERRY E Street Address (P.O. Box Number is Not Acceptable) 2105 Beacon Hill Court Casselberry, Florida 32707 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition. TITLE Delete TITLE Director, President, Secretary NAME NAME CROWE, JERRY E STREET ADDRESS STREET ADDRESS 2105 Beacon Hill Court Casselberry, Florida 32707 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE Vice President CORCORAN, KEVIN P. NAME NAME 151 Lookout Place, Suite 200 STREET ADDRESS STREET ADDRESS Maitland, Florida 32751 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE Treasurer NAME NAME EDWARDS, GLEN STREET ADDRESS 151 Lookout Place, Suite 200 STREET ADDRESS Maitland, Florida 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 000003354580--7 CITY-ST-ZIP --08/14/00---0 ID \$t@tge-01 ID Addition ☐ Defete TITLE TITLE *****61.25 *****61.25 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition ☐ 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 changed, or on an attachment with an address, with all other like empowered. Jessy Crade 407 / 975-1274 04/01/2000

Daytime Phone #

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR