## 2001 Uniform Business Repurt (UBR) FILED May 23, 2001 8:00 am Secretary of State P99000098437 DOCUMENT # 1. Entity Nam : 05-23-2001 91153 023 \*\*\*150.00 JEFFREY DUNN CONSTRUCTION, INC. Principal Place of Business Mailing Address 225 E ROBINSON ST. STE 540 225 E ROBINS IN ST. STE 540 ORLANDO, FL 32801 ORLANDO, FL 32801-4321 768824 2. Principal Place of Business 3. Mailing Address 677 REMINGTON OAKS DRIVE 585 SOUTH CR 427 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 121 City & State LAKE MARY, FL City & State 4. FEI Number Applied For LONGWOOD, FL 59-3610069 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired 32746 32750-5462 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam⊕ PAPPAS, PETER C HODGES, GEORGE 225 E. ROBINSON ST. STE 540 Street Address (P.O. Box Number is Not Acceptable) 585 SOUTH CR 427 SUITE 121 ORLANDO, FL 32801 Zip Code 32750-5462 LONGWOOD r the purpose of changing its legistered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement GEORGE HODGES 4/24/01 5 gnature, typed or printed name of registered agent and title if applica gent signature required when reinstating) --- FILE NOW! (FEE IS \$150.00 9. This corpor ation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 20 1 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 Payab e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TIF ☐ Delete TITLE LAME DUNN, JEFFREY NAME DUNN, JEFFREY STREET ADDRESS 225 E. ROBINSON ST. STE 540 STREET ADDRESS 677 REMINGTON OAKS DRIVE CITY - ST - ZIP CITY-ST-ZIP ORLANDO, FL 32801 LAKE MARY, FL 32746 ☐ Delete ☐ Change ☐ Addition TITLE TITLE JAME NAME STREET ADDRESS STREET ADDRESS DITY ST-7IP CITY-ST-ZIP ☐ Delete Channe ☐ Addition\* TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change HAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 1:716 ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - S1 - ZiF CITY-ST-ZIP Addition 1 TLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRES 3 CITY-SI-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 n of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachine t with an address, with all other like empowered. signature shall have the same legal effect as if made under oath; that I am an officer or director signature by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

4/24/01

(407)328-9300

SIGNATURE: