2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P99000103764 1. Entity Name KEY LARGO CONSTRUCTION, INC. 04-27-2001 90326 020 ***150.00 Principal Place of Business Mailing Address 5220 N.W. 77TH COURT 5220 N.W. 77TH COURT POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 750581 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 65-1000703 APPLIED FOR Applied For 4. FEI Number City & State City & State Not Applicable PLTIVE NOT Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELSEMILLER, ROBERT H JR. Street Address (P.O. Box Number is Not Acceptable) 5220 N.W. 77TH COURT POMPANO BEACH FL 33073 City Zip Code 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. ELSEMILLER SIGNATURE 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, 2001 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 Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE TITLE ELSEMILLER, ROBERT H JR. NAME NAME 5220 N.W. 77TH COURT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition ☐ Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

13. I hereby 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 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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

ROBERT FLETWILLER TE 4/20/01 56/-35

☐ Addition

☐ Change