2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # \$23509** 1. Entity Name MALCO CONSTRUCTION INC. 02-02-2001 90283 012 ***150.00 Principal Place of Business Mailing Address 13420 CARIBBEAN BLVD 7762 BARTHOLOMEW DR FT MYERS FL 33905 FT MYERS FL 33917 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0238818 rτ./ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-LUDERS, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 13420 CARIBBEAN BLVD FT MYERS FL 33905 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUDERS, MICHAEL A. NAME NAME STREET ADDRESS 13420 CARIBBEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Change TITLE Delete TITLE ☐ Addition COOK, CHRISTOPHER W. NAME NAME STREET ADDRESS 7762 BARTHOLOMEW DR NE STREET ADDRESS CITY-ST-7IP N FT MYERS FL CITY-ST-ZIP TIT! F Delete TITLE Change - - Addition RUSSELL, ALDEN B NAME NAME 13401 FOX CHAPEL COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cook See, Troos, 1-18-01 (941) 43

☐ Change

☐ Addition