2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # \$25477 Mar 07, 2000 8:00 am 1. Entity Name **Secretary of State** J. R. GRUENTZEL CONSTRUCTION SERVICES, INC. 03-07-2000 90035 030 ***150.00 Principal Place of Business Mailing Address 2584 HALPERN'S WAY 2584 HALPERN'S WAY MIDDLEBURG FL 32068 MIDDLEBURG FL 32068-5624 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3049232 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRUENTZEL, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 2584 HALPERN'S WAY MIDDLEBURG FL 32068 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. SIGNATURE DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GREUNTZEL, JAMES R. NAME NAME 2584 HALPERNS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL ☐ Addition ☐ Delete TITLE Change TITLE PLANK, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 1769 ST IVES DR CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete 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

J'AMES R. GRUENTEL 01/03/00 904-282-9486