2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State S25477 DOCUMENT # 1. Entity Name J. R. GRUENTZEL CONSTRUCTION SERVICES, INC. 02-07-2002 90321 030 ***150.00 Mailing Address Principal Place of Business 2584 HALPERN'S WAY 2584 HALPERN'S WAY MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 HST THOMAS TO STORY THAT THE THE SECOND PROPERTY OF A BOOK OF 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3049232 Not Applicable \$8.75 Additional Country Żip Country Zip 5. Certificate of Status Desired Fee Required 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 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐1 Change ☐ Addition ☐ Delete TITLE TITLE GRUENTZEL, JAMES R. NAME NAME 2584 HALPERNS WAY STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change ☐ Delete TITLE TITLE NAME PLANK, CHARLES NAME STREET ADDRESS 1769 ST IVES DR STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE GRUENTZEL, JANN R. NAME NAME STREET ADDRESS 2584 HALPERN'S WAY STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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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

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

ANN R. Geventzel

FILED