2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # \$32137** PREFERRED CONSTRUCTORS, INC. 01-10-2001 90141 035 ***150.00 Mailing Address Principal Place of Business W. H. WELLBORN -W. H. WELLBORN P.O. BOX 1740 P.O. BOX 1740 NAAATPPP. HIGH SPRINGS FL 32655 HIGH SPRINGS FL 32655 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELLBORN, WALTER H. Street Address (P.O. Box Number is Not Acceptable) 23008 NW 188 STR HIGH SPRINGS FL 32643 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, 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change Addition TITLE ☐ Delete WELLBORN, WALTER H. NAME NAME 23008 N.W. 188TH ST. STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE WELLBORN, WALTER H. NAME NAME 23008 NW 188 STR STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Defete TITLE_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true, and of the corporation or the receiver or trustee empowered to changed, or on an atjachment with an address, with an other contents of the corporation of execute this report as re er like empowered.

FILED