2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 26, 2000 8:00 am Secretary of State **DOCUMENT # \$80779** 1. Entity Name GETTIG CONSTRUCTION, INC. 02-26-2000 90007 023 ***150.00 Principal Place of Business Mailing Address 1553 GERRING RD 39 BEACH WOOD RD AMELIA ISLAND FL 32034-6502 AMELIA ISLAND FL 32034 2. Principal Place of Business 3. Mailing Address 1401 Park Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. Suite B Applied For City & State City & State 4. FEI Number 59-3095365 Not Applicable <u>Fernandina Beach</u> Country **\$8.75** Additional 5. Certificate of Status Desired 32034~ Fee Required us 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GETTIG, RONALD EMERSON Street Address (P.O. Box Number is Not Acceptable) 39 BEACH WOOD RD AMELIA ISLAND FL 32304 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. 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. PD Delete TITLE ☐ Addition TITLE NAME GETTIG, RONALD EMERSON NAME STREET ADDRESS STREET ADDRESS 39 BEACH WOOD RD CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND FL **VPST** Change ☐ Addition Delete TITLE TITLE GETTIG, RONALD EMERSON NAME NAME STREET ADDRESS 39 BEACH WOOD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AMELIA ISLAND FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.