## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am & Secretary of State DOCUMENT # S91994 1. Entity Name 05-08-2002 90018 024 \*\*\*150.00 PRESIDENTIAL CONSTRUCTION CORPORATION Principal Place of Business Mailing Address 4600 E PARK DR 4600 E PARK DR B0090827 SUITE 201 SUITE 201 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 HS 2. Principal Place 3950 3950 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0297755 Not Applicable Zip 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 GARY, JOHN W., III Street Address (P.O. Box Number is Not Acceptable) GARY, DYTRICH & RYAN, P.A. 701 U.S. HWY. ONE, SUITE 402 M. PALM BEACH FL 33408 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CROWLEY, TIM NAME NAME 3950 RCA Blud. #5000 4600 E PARK DR # 201 --STATET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE Delete TITLE 3950 RCA Blud # 5000 NAME BEEBE, D WILLIAM NAME STREET ADDRESS 4600 E-PARK-DR-#-201 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition C 3950 RCA Blud, #5000 NAME BILLS, JOHN C. NAME STREET ADDRESS STREET ADDRESS 4600 E PARK-DR # 201 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP VP TITLE Delete TITLE Change 🖼 Addition NAME GRIFFIN, JAMES E. NAME STREET ADDRESS STREET ADDRESS. 3950 REA SULD SUITE 5000 CITY-ST-ZIP CITY-ST-7IP PARM BEACH GARDENS FL 33410 TITLE Delete TITLE ☐ 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

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NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Defete

☐ Change

☐ Addition