2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State **DOCUMENT # \$95735** DEVELOPMENT & CONSTRUCTION MANAGEMENT, INC. 04-23-2000 90050 035 ***150.00 Mailing Address Principal Place of Business 2277 LEE ROAD 2277 LEE RD SUITE #200-EAST SUITE #200-EAST WINTER PARK FL 32789 WINTER PARK FL 32789-7223 2. Principal Place of Business 3. Mailing Address 2300 Lee Road 2300 Lee Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3095040 Not Applicable Winter Park, FL Winter Park, FL \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 32789 <u> 32789.</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DYE, ROY T Street Address (P.O. Box Number is Not Acceptable) 2300 Lee Road 2277 LEE ROAD SUITE #200-EAST WINTER PARK FL 32789 Zip Code 32789 City Winter Park, 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) 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, 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 11. 12. D Change ☐ Addition ☐ Delete TITLE DYE, ROY T. NAME 2277 LEE ROAD SUITE 200-EAST STREET ADDRESS STREET ADDRESS 2300 Lee Road CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Winter Park, FL 32789 X Addition Change ☐ Delete TITLE NAME NAME Dye, Richard A. STREET ADDRESS STREET ADDRESS 2300 Lee Road CITY-ST-ZIP CITY-ST-ZIP Winter_Park, FL_32789 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 truetee 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 a potter like empowered.

Roy T. SIGNATURE: SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF