2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # V10640** 1. Entity Name D. STEPHENSON CONSTRUCTION, INC. 05-02-2001 90119 040 ***150.00 Principal Place of Business Mailing Address 20535 NW 2 AVENUE 20535 NW 2 AVENUE SUITE 207 SUITE 207 TUUUI **MIAMI FL 33169** MIAMI FL 33169 US 3. Mailing Address 428 N.W. 35⁻¹⁴ Street 2. Principal Place of Business 428 N.W. 35 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0313701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jwight Stephenson STEPHENSON, DINAH SMITH Street Address (P.O. Box Number is Not Acceptable) 20535 NW 2 AVENUE SUITE 207 MIAMI FL 33169 428 N.W. 35th Street

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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible

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

10. Election Campaign Financing \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE STEPHENSON, DWIGHT NAME 428 N.W. 35th Street Boca Raton, FL 33431 NAME STREET ADDRESS 20535 NW 2 AVENUE SUITE 207 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33169** TITLE Delete TITLE STEPHENSON, DINAL NAME NAME STREET ADDRESS STREET ADDRESS 20535 NW-2 AVENUE SUITE 207 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 Defete TITLE - Change ---- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

SIGNATURE: