2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 08, 2000 8:00 am DOCUMENT # **V17524** 1. Entity Name Secretary of State G.R. CONSTRUCTION MANAGEMENT, INC. 05-08-2000 90022 024 ***150.00 Mailing Address Principal Place of Business 12065 METRO PKWY 12065 METRO PKWY SUITE 201 SUITE 201 FT MYERS FL 33912-1368 FT MYERS FL 33912 US 2. Principal Place of Business 3. Mailing Address Frex Avenue Huenue 5651 Halitax DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, et Suite. Applied For 4. FEI Number City & State 59-3109368 Muers, FL Not Applicable \$8.75 Additional Certificate of Status Desired ĴŚΆ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROGERO, GLYNNIS M. Street Address (P.O. Box Number is Not Acceptable) 12378 KELLY SANDS WAY FT MYERS FL 33908 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 П 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 12. 11. ☐ Delete Change Addition TITLE ROGERO, GLYNNIS M. NAME NAME Rogeyo, 12348 Kelly Sands Way STREET ADDRESS STREET ADDRESS 12378 KELLY SANDS WAY CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33908 ☐ Delete TITLE ☐ Change Addition TITLE ROGERO, GLYNNIS M. NAME NAME STREET ADDRESS STREET ADDRESS 12378 KELLY SANDS WAY CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 ☐ Change ☐ Addition ☐ Delete TITLE 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 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED