2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State 71973 **DOCUMENT #** Entity Name 05-22-2002 90229 047 ***150.00 WES MALTBY CONSTRUCTION COMPANY Mailing Address Principal Place of Business 15390 SW 271 STREET 15390 SW 271 STREET HOMESTEAD FL 33032 HOMESTEAD FL 33032 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied, For 4. FEI Number 65-0363881 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALTBY, WESLEY C. 15390 S.W. 271 STREET **HOMESTEAD FL 33032** Zip Code FL 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 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 After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MALTBY, WESLEY C. NAME STREET ADDRESS 15390 SW 271 STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33032 CITY-ST-ZIP Addition Change TITLE ☐ 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 ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME 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. CITY-ST-ZIP

WESLEY C. MACRY

FILED