2001 UNIFORM BUSINESS REPORT (UBR) 1500 POUR 101 \*\*\*\* 61.25 DOCUMENT # 580520 TALLAHASSEE, FEORIDA PABCO Builders, INC. 01 AUG 10 AM 10: 50 Principal Place of Business' 2195 Mercers Fermy Rd. Deland, FL 32720 295 Mercers Fernery Ro Deland, FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3089663 City & State City & State Applied For Not Applicable Zio Country 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 2195 Mercers Ferner Street Address (P.O. Box Number is Not Acceptable) Deland, FL Zip Code F٤ 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 (NOTE; Registered Agent signature required when reinstating 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00, May.Be. Trust Fund Contribution. Department of State FEE IS \$61:25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President/Trasilio Demone Bartholomew, Phillip 2195 Mercers Fernery Rd. Detete TITLE TITLE NAME The reers STREET ADDRESS STREET ADDRESS 32720 Deland, FL 3272 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP xeland - 🖃 Change TITLE Delete TITLE -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **ITITLE** TELLS ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE

attachmens OH-85000 800 61437

Have tried to A. Correct the name fr. Phil to Phillip But errors conf. So, I put to delete achg, on other side