2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72156 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name SUN PROOF CORPORATION OF FLORIDA 04-13-2000 90033 047 ***150.00 Principal Place of Business Mailing Address 1009 COURT ST 1009 COURT ST CLEARWATER FL 34616 CLEARWATER FL 33756-5746 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2770964 Not Applicable Zip 33756 Country \$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 -Name THOMPSON, GAIL M. Street Address (P.O. Box Number is Not Acceptable) 1009 COURT ST **CLEARWATER FL 33756** Zip Code 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 SIGNATURE DATE 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE THOMPSON, GAIL M. NAME NAME STREET ADDRESS STREET ADDRESS 1009 COURT ST CITY-ST-ZIP CITY-ST-7IP **CLEARWATER FL** ☐ Change Addition Delete TITLE SMITH, ROBERT M. NAME STREET ADDRESS STREET ADDRESS 1009 COURT ST CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition ☐ Delete TITLE THOMPSON, RICHARD T. NAME STREET ADDRESS STREET ADDRESS 1009 COURT ST CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP _ , 🔲 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

SIGNATURE:

Daytime Phone #