2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 003848 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name EAGLE SUPPLY, INC. 04-20-2000 90036 020 ***150.00 Mailing Address Principal Place of Business PO BOX 75305 1451 CHANELSIDE DRIVE TAMPA FL 33605 TAMPA FL 33675-0305 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0228000 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOLINER, NATHANIEL L. Street Address (P.O. Box Number is Not Acceptable) ONE HARBOUR PLACE, 5TH FLOOR **TAMPA FL 33602** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 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. ☐ Change Addition TITLE ☐ Delete TITLE FIELDS, DOUGLAS P. NAME MAME STREET ADDRESS STREET ADDRESS 122 EAST 42ND STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10168** ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME HELZER, JAMES E NAME STREET ADDRESS STREET ADDRESS 2500 US 287 CITY-ST-ZIP CITY-ST-ZIP MANSFIELD TX 76063 ☐ Change Addition ☐ Delete TITLE TITLE FRIEDMAN, FREDERICK M. NAME NAME STREET ADDRESS 122 EAST 42ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY-10168 Change Addition Delete TITLE TITLE PALIAGA, DENNIS NAME STREET ADDRESS 1451 CHANNELSIDE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TAMPA FL 33605 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frustee 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 withyan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

SN 972-151

Daytime Phone #