2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

ROBERT

SIGNATURE:

FILED DOCUMENT # 471324 Jan 24, 2000 8:00 am **Secretary of State** CARBONNEAU'S HOME REPAIR, INCORPORATED 01-24-2000 90268 048 ***150.00 Mailing Address Principal Place of Business 1551 SW THIRD STREET 1551 SW THIRD STREET POMPANO BEACH FL 33069-3245 POMPANO BEACH FL 33069-3245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1582809 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent CARBONNEAU, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 6790 KIMBERLY BLVD. N LAUDERDALE FL 33068 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 DATE (NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME CARBONNEAU, ROBERT A STREET ADDRESS STREET ADDRESS 6790 KIMBERLY BLVD CITY-ST-ZIP CITY-ST-ZIP N LAUD, FL 00000 Addition ☐ Change ☐ Delete TITLE TITLE NAMÉ CARBONNEAU, PEGGY STREET ADDRESS STREET ADDRESS 6790 KIMBERLY BLVD CITY-ST-ZIP CITY-ST-ZIP N LAUD, FL 00000 Addition Change ☐ Delete TITLE 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-ZIP ☐ Change Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE 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