FILED

2002 Uniform Business Report (UBR)

SIGNATURE: x

May 01, 2002 8:00 am Secretary of State **DOCUMENT #** 573990 1. Entity Name 04-03-2002 90030 037 ***150.00 **BUILT-RITE ALUMINUM** Principal Place of Business Mailing Address 1723 N. LECANTO HWY 1723 N. LECANTO HWY Nhnan---LECANTO FL 34461 LECANTO FL 34461 11S 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1834360 Not Applicable Zip 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 KANE, THOMAS P. Box Number is Not Acceptable) 1723 N. LECANTO HWY LECANTO FL 32661 34461 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 # (NOTE: Registered Agent signature recuired when reinstabled Garg B. Kanu 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE Channe ☐ Addition CR2E034 (9/01 NAME KANE, GARY NAME STREET ADDRESS 2857 W LIVE OAK ST STREET ADDRESS CITY-ST-71P LECANTO FL CITY-ST-ZIP TITLE ۷D Delete TIΠF Detuold Chance ☐ Addition NAME KANE, THOMAS NAME 3/20/01 STREET ADDRESS 12 BYRSONIMA CT. W. STREET ADDRESS CITY-ST-21P HOMOSASSA FL CITY-ST-ZIP TITLE 🔲 Deleta TITLE Addition NAME KANE, VICKY NAME STREET ADDRESS 12 BYRSONIMA CT. W. STREET ADDRESS CITY-ST-ZIF HOMOSASSA FL CITY-ST-ZIP TD ☐ Delete TITLE Change ☐ Addition NAME KANE, DIANE NAME STREET ADDRESS 2857 W LIVE OAK ST STREET ADDRESS CITY-ST-ZIP LECANTO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.