2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 06, 2002 8:00 am Secretary of State DOCUMENT # 612383 1. Entity Name 08-06-2002 90130 047 ***550 00 LIFETIME STEEL BUILDINGS. INC. Principal Place of Business Mailing Address 1715 OSCEOLA STREET 1715 OSCEOLA STREET JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1908477 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired DUVS 3マ*ユ10ー み0*33 Fee Required 6. Name and Address of Current Registered Agent . 7.-Name and Address of New Registered Agent-EWER, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 1715 OSCEOLA ST. JACKSONVILLE FL 32204 CITACKSONVILLE 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (4/02) 🗷 Delete TITLE Addition CORBIN, CHARLES K JR. NAME STREET ADDRESS 1715 OSCEOLA ST. STREET ADDRESS JACKSONVILLE FL CITY-ST-7/P CITY-ST-ZIP PTD TITLE ☐ Delete TITLE Change Addition EWER, WILLIAM S NAME NAME 1715 OSCEOLA ST. JERSEY St. STREET ADDRESS STREET ADDRESS SONVILLE, FL 32210-2033 CITY-ST-ZIP JACKSONVILLE FL 32204 CITY-ST-ZIP SD TITLE □ Delete TITLE EWER, LINDA P NAME NAME 1715 OSCEOLA ST STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE

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. with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition