2900 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 681693 Mar 31, 2000 8:00 am STEVE FUTSCHER ROOFING, INC. **Secretary of State** 03-31-2000 90105 025 ***150.00 Principal Place of Business Mailing Address 2411 S.W. 128TH COURT 2411 S.W. 128TH COURT MIAMI FL 33175 MIAMI FL 33175-1823 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2055027 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUTSCHER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2411 SW 128 CT. MIAMI FL 33175 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 Fiorida. SIGNATURE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Feas Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Chance ■ Addition ☐ Defete TITLE FUTSCHER, STEPHEN NAME STREET ADDRESS STREET ADDRESS 2411 S.W. 128TH COURT CITY-ST-ZIP CITY - 51-71P MIAMI FL □ Change ☐ Addition ☐ Delete TITLE TITLE ST **FUTSCHER, JOAN** NAME STREET ADDRESS STREET ADDRESS 2411 S.W. 128TH COURT CITY-ST-7IP CHY-ST-ZIP MIAMI FL Change Addition □ Delete TITLE TITLE NAME NAME ~ ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change_ Addition_ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP in a vitalitica ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP 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). Fiorida 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 of 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