2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am ⁵ Secretary of State **DOCUMENT # 681693** 1. Entity Name 05-17-2001 91023 001 *****8.75 STEVE FUTSCHER ROOFING, INC. 9725 SW 75 ST 05-17-2001 91023 002 ***150.00 331763 MIAMI FL Principal Place of Business Mailing Address 2411 S.W. 128TH COURT 2411 S.W. 128TH COURT MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address 6956 SW 47 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-2055027 Miami MIAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 3 3225 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHAN FUTSCHER **FUTSCHER, STEPHEN** Street Address (P.O. Box Number is Not Acceptable) 2411 SW 128 CT. 9725 SW 75 **MIAMI FL 33175** Zip Code 33 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 STEPHEN Futscher nature, typed or printed name of registered agent and title if applicable 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, 2001 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 3P2E034 (10/00) TITLE TITLE ☐ Delete **FUTSCHER, STEPHEN** NAME NAME STREET ADDRESS 2411 S.W. 128TH COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change TITLE Addition Delete TITLE **FUTSCHER, JOAN** NAME NAME STREET ADDRESS STREET ADDRESS 2411 S.W. 128TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Change Addition Delete. TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date Daytime Phon

Change

☐ Addition