FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am Secretary of State **DOCUMENT # 711998** 01-17-2002 90043 005 ****61.25 SHEETMETAL LOCAL 130 BUILDING CORP., INC. Principal Place of Business Mailing Address 1003 BELVEDERE RD. 1003 BELVEDERE RD. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1737356 Not Applicable Country \$8.75 Additional 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 Street Address (P.O. Box Number is Not Acceptable) HUDSPETH, ROGER L., SR. 1003 BELVEDERE RD. WEST PALM BEACH FL 33405 Zip Code City 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. 07-02-2002 SIGNATURE Signature, typed or printed name of registered agent and title it applicable ROGET L NUCSPETN ST. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State**

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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HUDSPETH, ROGER L 1003 BELVEDERE RD. W PALM BCH FL 00000	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNE, RICK 532 IVY AVE. PALM BEACH GARDENS FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Palm Springs, FL 334 VD Roger L Hudspeth II 737 Omar Road	□ X Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, RAYMOND L. 242 LAKE ARBOR DRIVE PALM SPRINGS FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>X</u> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	West raim bed		3405- Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: ROGERGINE

07/02/2002

561 (832-5664