2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 21, 2001 8:00 am Secretary of State F0000001919 DOCUMENT # 1. Entity Name WEATHERTIGHT BUILDING PRODUCTS WEST, INC. 08-21-2001 90036 024 ***558.75 Principal Place of Business Mailing Address 1315 NEPTUNE DRIVE 1315 NEPTUNE DRIVE **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1000407 Not Applicable Zip Zip Country 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 BARRON, ROBERT W ESQ. Street Address (P.O. Box Number is Not Acceptable) 350 E. LAS OLAS BLVD., #1000 FT. LAUDERDALE FL 33301 ate hent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 OFFICERS AND DIRECTORS 12. 11. CDP TITLE Director Change ☐ Addition TITLE Delete STEIN, CRAIG NAME Stein, Craig NAME 1315 Neptune Drive STREET ADDRESS 1315 NEPTUNE DRIVE STREET ADDRESS Bounton Beach, Fl 33+26 CiTY-ST-ZIP **BOYNTON BEACH FL 33426** CITY-ST-ZIP Director Change ☐ Addition TITLE ☐ Delete TITLE STD NAME stein, David NAME STEIN, DAVID 1315 Neptune Drive 1315 NEPTUNE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Bounton Beach, Fl 33426 **BOYNTON BEACH FL 33426** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TID F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP or does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemen of the corporation or the receiver or emplowered to ex changed, or on an attachmen