2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am DOCUMENT # **F16567 Secretary of State** SOUTH FLORIDA CEILING SYSTEMS, INC. 01-19-2000 90287 036 ***150.00 Mailing Address Principal Place of Business 201 NW. 127TH AVE. 201 NW 127TH AVE. PLANTATION FL 33325-2334 PLANTATION FL 33325 00004115 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2129365 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAMBLISS, JOE A Street Address (P.O. Box Number is Not Acceptable) 201 NW 127TH AVE. PLANTATION FL FL 33325 Zip Code City FL 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. 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition STD ☐ Delete TITLE TITLE NAME CHAMBLISS, GERALDINE M. NAME STREET ADDRESS STREET ADDRESS 201 NW 127TH AVE. CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL** Change ☐ Addition TITLE PD ☐ Delete TITLE CHAMBLISS, JOE A NAME NAME STREET ADDRESS STREET ADDRESS 201 NW 127TH AVE. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL **C**hange Addition Delete TITLE NAME NAMÉ **HUNTER CHAMBLISS** 1202 S.E. IT Court STREET ADDRESS STREET ADDRESS 201 NW 127TH AVE CITY-ST-ZIP CITY-ST-ZIP Fort Landerdale, Fl PLANTATION FL 33325 🕻 Change ☐ Addition TITLE ☐ Detete TITLE Myers, Paige M. NAME CHAMBLISS, PAIGE M 28 Florence Place STREET ADDRESS STREET ADDRESS 3432 N.E. PIEDMONT ROAD CITY-ST-ZIP Mobile, AL 36607 CITY-ST-ZIP ATLANTA GA 30305 Change ☐ Addition TIT! F VPD Detete TITLE PARKS, KIMBERLY NAME CHAMBLISS, KIMBERLY STREET ADDRESS STREET ADDRESS 3534 DUMBARTON ROAD CITY-ST-ZIP CITY-ST-ZIR ATLANTA GA 30327 ☐ Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: SIGNATURE AND TIPED OR ONING NAME OF SIGNING OFFICER OR DIRECTOR

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), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 truetes ampowered to execute the 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-7IP