FILED

Jan 23, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **Secretary of State** F26995 DOCUMENT # 01-23-2003 90085 007 \*\*\*158.75 1. Entity Name PIONEER WATERPROOFING SUPPLY, INC. Principal Place of Business Mailing Address 1213 POPE LANE 1213 POPE LANE LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2151766 Not Applicable Zip 7ip \$8.75 Additional 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 HERNANDEZ, ROY C. JR. Street Address (P.O. Box Number is Not Acceptable) 1213 POPE LANE LAKE WORTH FL 33460 City 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) ☐ Change ☐ Addition ☐ Delete TITLE HERNANDEZ, ROY C. JR. NAME NAME 1213 POPE LANE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE PS ☐ Delete TITLE ☐ Change Addition HERNANDEZ. DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 1213 POPE LANE CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HERNANDEZ, ROY I STREET ADDRESS 1213 POPE LANE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an

tachment with an address, with all other like empowered

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if