2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60347 Feb 28, 2000 8:00 am 1. Entity Name Secretary of State B & R ROOFING & SHEET METAL, INC. 02-28-2000 90067 039 ***150.00 Principal Place of Business Mailing Address 650 CYPRESS ST 650 CYPRESS ST MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952-3720 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2147491 Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name STOUT, ROBERT H Street Address (P.O. Box Number is Not Acceptable) 650 CYPRESS ST MERRITT ISLAND, FL 32952 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 (NOTE: Registered Agent signature required when reinstating) Signature, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE COOK, ROBERTA S NAME NAME 420 ROBERTSVILLE RD. STREET ADDRESS STREET ADDRESS OAK RIDGE TN CITY-ST-ZIP CITY-ST-ZIP SDV ☐ Change ☐ Addition TITLE TITLE ☐ Delete STOUT, SARA D NAME NAME 285 MARLIN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 00000 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE. STOUT, ROBERT H NAME 285 MARLIN DR STREET ADDRESS STREET ADDRESS MERRITT ISLAND, FL 00000 CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition -- . . . Delete - JITLE TITLE . Name NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

2/18/2000 Daysine Phone #