2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F81317 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name MORRELL SHEET METAL, INC. 04-25-2000 90039 024 ***150.00 Principal Place of Business Mailing Address ~ 5402 W. LINEBAUGH AVE. 5402 W. LINEBAUGH AVE. TAMPA FL 33624-5067 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State . City & State 59-2192029 Not Applicable Country \$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 MORRELL, JOHN P Street Address (P.O. Box Number is Not Acceptable) 5402 W. LINEBAUGH AVE. TAMPA FL 33624 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. DATE 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 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 11. OFFICERS AND DIRECTORS 12. PTD TITLE Change ☐ Addition TITLE ☐ Delete MORRELL, JOHN P. NAME NAME STREET ADDRESS STREET ADDRESS 1180 GULF BLVD #603 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33767 ☐ Addition ☐ Change Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

1 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR