2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F92546 1. Entity Name THERMA SEAL, ROOFS, INC. 04-16-2001 90270 022 ***158.75 Principal Place of Business Mailing Address 1333 53rd Street 1333 53rd Street A0049429 West Palm BchuED33407334West Palm Bch, FE133407 2. Principal Place of Business 3. Mailing Address 1333 53rd Street Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For West Palm Beach Not Applicable 59-2368640 Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33407 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMERON, DONALD L KAREN DIEDRICK 1333 53 ST Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33407 1333 53 STREET Zip Code 33407 WEST PALM BEACH 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. Karen Diedrick, Vice President 4/10/01
DTE: Registered Agent signature required when reinstatung)
DATE SIGNATURE . 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, 2001 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 OFFICERS AND DIRECTORS 11. 12. M Change Addition TITLE Delete PD PD NAME NAME KYLE, ROGER CAMERON, DONALD L STREET ADDRESS STREET ADDRESS 1333 53 STREET 1333 535ST WEST PALM BEACH, FL 33407 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE TITLE Addition X Delete CAMERON, JUDY NAME NAME DIEDRICK, KAREN STREET ADDRESS STREET ADDRESS 1333 53 STREET 1333 53cSTREET CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL333407 WEST PALM BEACH EL 33407 Change Addition TITLE TITLE □ Defete NAME NAME RICHARDSON, DAVID STREET ADDRESS STREET ADDRESS 1333 53 STREET CITY-ST-7IP CITY-ST-ZIP WEST PALM-BEACH FL ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 wittran address, with all other like empowered.

SIGNATURE

04-10-01 9561) 848-033

Daytime Phone #