2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 14, 2000 8:00 am Secretary of State **DOCUMENT # G04745** 1. Entity Name PALM BEACH SHEET METAL, INC. 03-14-2000 90064 014 ***150.00 Principal Place of Business Mailing Address 8360 GARDEN RD #E-5 3860 GARDEN RD #E-5 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404-1738 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2243617 Not Applicable Zip Zìp Country \$8.75 Additional 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 DITOCCO JERRY Street Address (P.O. Box Number is Not Acceptable) 11759 RIVERCHASE RUN WPB FL 33412 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DITOCCO, JERRY STREET ADDRESS 11759 RIVERCHASE RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS 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

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NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

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