DOCUMENT # H15919

1. Entity Name

WEATHERPROOF, INC.

03-28-2000 00066 041 ***150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Address	Mailing Address
WEATHERPROOF, INC. 142 OAKVIEW CIRCLE LAKE MARY, FL 32746	WEATHERPROOF, INC. 221 OVERBROOK DR CASSELBERRY FL 32707 142 OAKVIEW CIRCLE LAKE MARY, FL 32746

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2457622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, THOMAS A. 221 OVERBROOK DR CASSELBERRY FL 32707 142 OAKVIEW CIRCLE LAKE MARY, FL 32746	Name: THOMAS MARTIN Street Address (P.O. Box Number is Not Acceptable): 142 OAKVIEW CIRCLE City: LAKE MARY FL FL Zip Code: 32746

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: Thomas A Martin
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME WEATHERPROOF, INC. STREET ADDRESS 142 OAKVIEW CIRCLE CITY-ST-ZIP LAKE MARY, FL 32746	TITLE PRESIDENT NAME THOMAS MARTIN STREET ADDRESS 142 OAKVIEW CIRCLE CITY-ST-ZIP LAKE MARY FL. 32746 ☐ Change ☐ Addition
TITLE S NAME WEATHERPROOF, INC. STREET ADDRESS 142 OAKVIEW CIRCLE CITY-ST-ZIP LAKE MARY, FL 32746 MARTIN, WANDA 221 OVERBROOK DR CASSELBERRY FL 32707	TITLE Secretary NAME Wanda K. Martin STREET ADDRESS 142 oakview Circle CITY-ST-ZIP Lake Mary FL 32746 ☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition SP

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.

SIGNATURE: Thomas A Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00
Date

407-328-1624
Daytime Phone #

Thomas A Martin

CR2E034 (9/99)