2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # J93199** SHEET METAL FABRICATORS OF BROWARD, INC. 04-19-2000 90103 018 ***150.00 Mailing Address Principal Place of Business 6632 N.W. 20 AVE. 6632 N.W. 20 AVE. FT. LAUDERDALE FL 33309-1509 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0005875 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\cdot \square$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILSON, JERRY E. Street Address (P.O. Box Number is Not Acceptable) 6632 N.W. 20 AVE. FT. LAUDERDALE FL 33309 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 DATE (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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE WILSON, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 6632 NW 20TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete -TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 quality 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 regulared 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 erg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE: