

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90126 017 ****50.00

DOCUMENT # **201000000620**

1. Entity Name

S&S ARCHITECTURAL SHEET METAL, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

720 S. DEERFIELD AVE

Suite, Apt. #, etc.

#7

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

3. Mailing Address

720 S. DEERFIELD AVE

Suite, Apt. #, etc.

#7

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1068300

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **SCOTT M. POOLE**

Street Address (P.O. Box Number is Not Acceptable)

720 S. DEERFIELD AVE

#7

City **DEERFIELD BEACH, FL**

Zip Code

33441

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 **SCOTT M. POOLE - PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

4/29/2002
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT AND CEO** **MGRM**
NAME **SCOTT M. POOLE**
STREET ADDRESS **1180 PARK AVE**
CITY - ST - ZIP **BOCA RATON, FL 33486**

TITLE **VICE PRESIDENT AND SECRETARY** **MGRM**
NAME **AL CHRISTIANO**
STREET ADDRESS **9124 VILLA PORTAFINO CIRCLE**
CITY - ST - ZIP **BOCA RATON, FL 33496**

TITLE **ASSISTANT VICE PRESIDENT** **MGRM**
NAME **TIM A. PARSON**
STREET ADDRESS **240 SW 3RD PLACE**
CITY - ST - ZIP **DANIA, FL 33004**

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE **SCOTT M. POOLE**

4/29/2002

561-338-5136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)