2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2002 8:00 am DOCUMENT # L21038 Secretary of State 1. Entity Name 02-13-2002 90187 047 ***150 00 JERRY'S ROOFING OF TAMPA BAY, INC. Mailino Address Principal Place of Business % JERRY T. HUJAR % JERRY T. HUJAR 2107 WHEELER OAKS DRIVE 2407 WHEELER OAKS DRIVE RBANDON FL 99510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address 1008 Hwy 92 1008 HW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Seffner City & State 4. FEI Number 65-0131447 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUJAR, JERRY T. HUJAR, JERRY T. Street Address (P.O. Box Number is Not Acceptable) 2107 WHEELER OAKS DR **BRANDON FL 33510** 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 ent signature required when reinstating) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) HUJAR, JERRY T. ☐ Addition ☐ Delete TITLE TITLE HUJAR, JERRY T. NAME NAME 1008 HwygaW. 2107 WHEELER OAKS DR STREET ADDRESS STREET ADDRESS Seffner FL33584 **BRANDON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TID E 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 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP