2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # L23351** 1. Entity Name DELTA ROOFING, INC. 04-11-2001 90030 021 ***150.00 Principal Place of Business Mailing Address 805 PARK STREET 805 PARK STREET CLEARWATER FL 33756 CLEARWATER FL 33756 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2974384 Not Applicable Country \$8.75 Additional 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 THOMPSON, RANDALL Street Address (P.O. Box Number is Not Acceptable) 2153 CATALINA DR N. **CLEARWATER FL 33763** 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 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, 2001 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. PRESIdent/ DIr. ☐ Addition Change TITLE ☐ Delete TITLE Randall W. Thompson 2153 Catalina Dr. N. NAME NAME THOMPSON, RANDALL W STREET ADDRESS STREET ADDRESS 2153 CATALINA DR N. CITY-ST-ZIP Ciearwater, FL 33763 CITY-ST-ZIP CLEARWATER FL 33763 ☐ Addition TITLE ☐ Delete TITLE Darlene K. Mompson 2153 Catalina Dr. N. Clearnater, FC 33763 NAME THOMPSON, DARLENE K NAME STREET ADDRESS STREET ADDRESS 2153 CATALINA DR N. CITY-ST-ZIE CITY-ST-ZIP **CLEARWATER FL 33763** Delete TITLE TITLE Shaun A. Thompson 2153 Catalina Dr.N. Clearnater, FC 33763 NAME RANDALL, THOMPSON NAME STREET ADDRESS STREET ADDRESS 2153 CATALINA DR N CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33763 / Addition ☐ Delete TITLE TITLE Micholas N. Thompson 3352 Kavalier 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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 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 giver like empowered.

an address, with all other ANDAU THOMPSON Z/Z6/01 SIGNATURE: 之 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER