2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L74623 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name KEVCO SHEET METAL, INC. 04-03-2000 90126 024 ***150.00 Principal Place of Business Mailing Address 5254 NW 10TH TERRACE 5254 NW 10TH TERRACE FT LAUDERDALE FL 33309-3165 FL LAUDERDALE FL 33309-3165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0196801 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 VATHAUER, KEVIN Street Address (P.O. Box Number is Not Acceptable) 5254 NW 10TH TERRACE FORT LAUDERDALE FL 33309 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition **PSTD** ☐ Delete TITLE TITLE VATHAUER, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 6550 SW 3RD ST CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change Addition ☐ Delete TITLE THE ROBERTS, WILLIAM A NAME STREET ADDRESS STREET ADDRESS 113 NW 69 ST CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ 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-7IP ☐ Change TITLE Addition ☐ Delete 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. Thereby certify that the information sypplied 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 of 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