## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # L98587** 1. Entity Name STANGLE ROOFING, INC. 05-23-2000 90225 015 \*\*\*158.75 Principal Place of Business Mailing Address 9589 OVERSEAS HIGHWAY 9589 OVERSEAS HIGHWAY MARATHON FL 33050-3332 MARATHON FL 33050 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3033491 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STANGLE, RAYMOND J. Street Address (P.O. Box Number is Not Acceptable) 9589 OVERSEAS HWY MARATHON FL 33050 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. N/A - SIGNED IN ERROR 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 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. ☐ Addition X Change ☐ Delete TITLE NAME NAME STANGLE, RAYMOND J. 9589 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS 9551 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-7IP MARATHON FL Delete Change ■ Addition TITLE TITLE STANGLE, RAYMOND J. NAME NAME 9589 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS 9551 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP MARATHON FL Change ☐ Delete TITLE TITLE NAME SANDERS, CAROL J NAME 9589 OVERSEAS HIGHWAY STREET ADDRESS STREET ADDRESS 9551 OVERSEAS HIGHWAY CITY~ST~7IP MARATHON, FL 33050 CITY-ST-ZIP MARATHON FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE 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

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 planged, or on an attachment with an address, with all other like empowered.