2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # 99000004537 04-16-2002 90076 004 ****50.00 APPLIED ROOFING TECHNOLOGIES, LLC Principal Place of Business Mailing Address 11125 PARK BLVD., 104-131 11125 PARK BLVD., 104-131 SEMINOLE FL 33772 SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3625219 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUMM, L. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 11273 121ST TERRACE LARGO FL 33772 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM Delete TITLE Change ☐ Addition NAME **GUMM, L. MICHAEL** NAME STREET ADDRESS STREET ADDRESS 11273 121ST TERRACE CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33778 **MGRM** ☐ Delete ☐ Change TITLE ☐ Addition NAME **GUMM, VICTORIA \$** NAME STREET ADDRESS 11273 121ST TERRACE STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP LARGO FL 33778 TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTE