2002 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # M76013 1. Entity Name 03-27-2002 90097 011 ***150.00 GOLDEN GATE WINDOW & SCREEN, INC. Principal Place of Business Mailing Address 1876 40TH TERRACE, S.W. 1878 40TH TERRACE SW NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0056952 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent "ANDREWS." ANN M." Street Address (P.O. Box Number is Not Acceptable) 1876 40TH TERRACE SW NAPLES FL 33999 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, typed or printed name of registered agent and tide if appl (NOTE: Registered Agent signature required when reinstitting) 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (6/₀ Change ☐ Addition TITLE □ Delete TITLE MILLER, THEODORE R NAME NAME CR2E034 641 101ST AVENUE NORHT STREET ADDRESS STREET ADDRESS CITY-SI-ZIP NAPLES FL CITY-ST-7IP E7 Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS City, \$7, 7th CITY-ST-ZIP [] Change ☐ Addition Delate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition 7/THE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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

EDDORE RM: 1/51 V.P.

changed, or on an attachment with an address,

SIGNATURE:

FILED