2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90002 007 ****61.25

DOCUMENT # N27433

1. Entity Name

CENTRAL FLORIDA SMACNA, INC.

Principal Place of Business	Mailing Address
6767-N WICKHAM RD 400 BB MELBOURNE FL 32940 US	6767-N WICKHAM RD 400 BB MELBOURNE FL 32940 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2949075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARR, SUSAN 6767 NORTH WICKHAM ROAD, STE. 400 MELBOURNE FL 32940	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARVER, RALPH 2481 DINNEEN AVE ORLANDO FL 32804-4289	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORRELL, JOHN P. 5402 W. Linebaugh Ave. Tampa, FL 33624	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAPIN, RONALD 3825 GARDENIA AVE ORLANDO FL 32839-8699	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD VICKERS, TIM 6701 Edgewater Commerce Pkwy Orlando, FL 32810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST TATHAM, EDNA 2845-21 AVE N ST PETERSBURG FL 33713-4203	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISH, KENNETH 2106 W CENTRAL BLVD ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINCLAIR, DAN 2220 2ST AVENUE SOUTH ST. PETERSBURG FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATHAM, ALBERT 2845-21 AVE N ST PETERSBURG FL 33713-4203	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED March 11, 2002 321-242-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #