2001 UNIFORM BUSINESS REPORT (UBR)

Jun 22, 2001 8:00 am Secretary of State DOCUMENT # P0000002449 1. Entity Name 06-22-2001 90219 027 ***150.00 ED PHILLIPS ROOFING, INC. Principal Place of Business Mailing Address 2609 34TH ST W 2909 34TH ST W 110058224 Bradenton FL 34205 **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 097 1914 City & State City & State Applied For 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 PHILLIPS, ED Street Address (P.O. Box Number is Not Acceptable) 2608 34TH ST W **BRADENTON FL 34205** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President CR2E034 (10/00) PSTD u ice Addition Celeta TITLE TITLE Jose Montiel 4807 20th St. W. PHILLIPS, ED NAME 2608 34TH ST W STREET ADDRESS STREET ADDRESS Bradenton, FL. 34205 CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-7IP Jason Ritchie - Secratary ☐ Change Addition Delete TITLE TITLE NAME NAME 309 125 St. W. STREET ADORESS STREET ADDRESS Bradenton, FL. 34208 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE. ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CiTY-ST-ZIP

Ed Ph.11.75 HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

941-746-7663

FILED