04/29/2002 17:01 4076714352 FOX CPA

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Secretary of State
05-21-2002 91189 014 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000003594 1

1. Entity Name
Install Pro, Inc

DO NOT WRITE IN THIS SPACE

93202

2. Principal Place of Business	3. Mailing Address
1212 Indian Bluff Dr	P.O. Box 1061
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL	City & State: Zellwood, FL
Zip: 32703 Country: USA	Zip: 32798-1061 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3637928 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Daniel J. Dill

Street Address (P.O. Box Number is Not Acceptable): ~~1212 Indian Bluff Dr~~ 5732 Maggiore Trail P.O. 1061

City: ~~Apopka~~ Zellwood FL Zip Code: ~~32703~~ 32798

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: Daniel Dill / Daniel Dill 6-01-02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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

11. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	Daniel J. Dill
STREET ADDRESS	1212 Indian Bluff Dr
CITY-ST-ZIP	Apopka, FL 32703
TITLE	S,D
NAME	Michelle R. Dill
STREET ADDRESS	1212 Indian Bluff Dr
CITY-ST-ZIP	Apopka, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: Daniel J Dill 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Daniel J. Dill