2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 19, 2002 8:00 am Secretary of State P00000102655 DOCUMENT # 1. Entity Name 09-19-2002 90159 003 ***150.00 C & R INSTALLERS INC. Principal Place of Business Mailing Address 1149 N.W. 28TH AVENUE 1149 N.W. 28TH AVENUE CAPE CORAL FL 33993 CAPE CORAL FL 33993 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Gity & State 4. FEI Number Applied For City&&State 65-1057753 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERRANOVA, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1149 N.W. 28TH AVENUE CAPE CORAL FL 33993 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. I am familiar with, and accept the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00-9. 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 September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Delete TERRENOVE, CHRISTOPHER NAME NAME STREET ADDRESS 1149 N.W. 28TH AVENUE STREET ADDRESS CAPE CORAL FL 33993 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE SD NAME TERRENOVE, RACHAEL NAME STREET ADDRESS STREET ADDRESS 1149 N.W. 28TH AVENUE CITY-ST-7/P CITY-ST-7/P CAPE CORAL FL 33993 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete* Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. 1-10-02

SIGNATURE:

Daytime Phone #

Attachment # 100000102655 To whom it my concern, I mailed a check I/x year I just elecently reduced a moliced stating that you have not received my sayment. I did check of the bank and check # 620 has mot yet been cashed so I stopped payment on it and I'm am sinding you a new sheck if you have any problems a genstures please contact CAR Installers 1149 NW. 28th AVR. Cape Care 1 Fl. 33993 1941)282-1248 01 941 500-5925 Thank you Vachau Suasan