2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State P01000017621 DOCUMENT # 1. Entity Name 05-13-2002 90065 045 ***150.00 Z-COIL OF FLORIDA, INC. Mailing Address Principal Place of Business 20041 TANNER DRIVE-28641 TANNER DRIVE WESTLY CHAPEL FL 93549 WESTLY CHAPEL FL 33543 1910 N. HimES Vampa Fl. 33607 2. Principal Place of Business 3. Mailing Address 28641 Tanner Drive <u> 28641 Tanner Drive</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Wesley Chapel.FL Wesley Chapel, FL 59-3711667 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33543 ين بيب Fee Required Pasco -3-3-54-3 Pasco-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLUPPO, PENNY Street Address (P.O. Box Number is Not Acceptable) 501 WEST HILDASTREET 28641 TANNER DR TAMPAFL 33803 WES/ey-Chapel, Fl. 3354 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 lumy SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034.(9/01) TITLE ☐ Delete TITLE Change ☐ Addition GALLUPPO, PENNY NAME NAME 501 WEST HILDA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME DECKER, GUY NAME STREET ADDRESS 28641 TANNER DRIVE STREET ADDRESS CITY-ST-ZIP WESTLY CHAPEL FL 33543 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GALLUPPO, PENNY NAME STREET ADDRESS STREET ADDRESS **501 WEST HILDA STREET** CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33603 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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 eceive or trustee empowered 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 atta chment with an address, with ther like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

4-26-02