FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90466 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070064

1. Entity Name
CORRUGATED Building Services, INC.

DO NOT WRITE IN THIS SPACE

80068595

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2. Principal Place of Business	3. Mailing Address
4322 5Uth ST N	4322 5Uth ST N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA Fl	City & State: TAMPA Fl
Zip: 33610 Country: US	Zip: 33610 Country: US

4. FEI Number 59-3730988 — 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: THOMAS GREGG
Street Address (P.O. Box Number is Not Acceptable): 4322 56th ST N
City: TAMPA **FL** Zip Code: 33610

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] THOMAS GREGG PRESIDENT 4/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	THOMAS GREGG	NAME	
STREET ADDRESS	4322 5Uth ST N	STREET ADDRESS	
CITY-ST-ZIP	TAMPA Fl 33610	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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: [signature] THOMAS GREGG PRESIDENT 4/3/02 813 628 8640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #