FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 28, 2002 8:00 am P01000073100 Secrétary of State DOCUMENT # 1. Entity Name 07-28-2002 90195 008 ***550 00 BUCCANEERS SHEET METAL & EQUIPMENT FABRICATORS, INC. Principal Place of Business Mailing Address 3074 CHITTY RD. 3074 CHITTY RD. PLANT CITY FL 33565 PLANT CITY FL 33565 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3 **7 3 5** 9 3 1 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FULTON: RICHARD Street Address (P.O. Box Number is Not Acceptable) 3074 CHITTY RD. PLANT CITY FL 33565 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (4/02) MESIDENT ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME Richard Fultos 3094 Chiffy RA Plant City FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 33565 1CE HRESIDE ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME 338 Tangerine Dr. ephyrhills FL 33540 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECRETARY - TIZEASURER ☐ Change Addition ☐ Delete TITI F TITLE MARIE VEUH NAME NAME 3074 Chitra RD STREET ADDRESS STREET ADDRESS 33656 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 requirer 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 attac

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

813 628 6160

Change

☐ Addition