FILED

2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000073100 **DOCUMENT #** 04-28-2003 90142 008 ***150.00 **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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3735937 Not Applicable Zip Country Zip Country \$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 =Name ===== FULTON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3074 CHITTY RD. PLANT CITY FL 33565 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 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition FULTON, RICHARD NAME NAME STREET ADDRESS 3074 CHITTY RD STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change BARKER, MARION'E NAME NAME STREET ADDRESS 5338 TANGERINE DR STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FULTON, MARIE V NAME STREET ADDRESS 3074-CHITTY-RD=== STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33656 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

SIGNATURE:

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

813-628-6160