2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000105016

Entity Name: PARAMOUNT ROOFING INC.

May 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

256 TWELVE LEAGUE CIR 1969 SUMMER CLUB DR. CASSELBERRY, FL 32707

305

OVIEDO, FL 32765

Current Mailing Address: New Mailing Address:

256 TWELVE LEAGUE CIR 1969 SUMMER CLUB DR.

CASSELBERRY, FL 32707 305

OVIEDO, FL 32765

FEI Number: 59-3754642 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE SUITE 1114 MIAMI BEACH, FL 33139

KITTLESON, KEVIN C PRES 1969 SUMMER CLUB DR. 305 OVIEDO, FL 32765 US

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: KEVIN C. KITTLESON 05/01/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

KITTLESON, KEVIN KITTLESON, KEVIN Name: Name: 256 TWELVE LEAGUE CIR 1969 SUMMER CLUB DR. #305 Address: Address:

City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: OVIEDO, FL 32765

() Delete Title: Title: () Change () Addition

Name: SMITH. ROBERT Name: 120 CAMPHORWOOD ST Address: Address: WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN C. KITTLESON **PRES** 05/01/2002