FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2005 8:00 am
Secretary of State
06-03-2005 90002 010 ***150.00

DOCUMENT # P04000053468

1. Entity Name
Installation Nation, Inc

DO NOT WRITE IN THIS SPACE

50053291

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2. Principal Place of Business: 3335 N. Courtenay PKwy
Suite, Apt. #, etc.
City & State: Merritt Island
Zip: 32953 Country: Brevard

3. Mailing Address: 3335 N. Courtenay PKwy
Suite, Apt. #, etc.
City & State: Merritt Island
Zip: 32953 Country: Brevard

4. FEI Number: 05-0599658 ☐ 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: Markey & Fowler
Street Address (P.O. Box Number is Not Acceptable): 25 McLeod St.
Merritt Island FL Zip Code 32953

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] Vice President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	P	✓
NAME	Eric Honkenen	
STREET ADDRESS	465 Patrick Ave	
CITY-ST-ZIP	Merritt Island, Fl 32953	
TITLE	VP	
NAME	William Grillo	
STREET ADDRESS	3777 Sunward	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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CR2E034B (12/02)

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

SIGNATURE: [signature] Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #