2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P06967** Apr 25, 2000 8:00 am Secretary of State GUNTER CONSTRUCTION ROOFING, INC. 04-25-2000 90093 050 ***150.00 Principal Place of Business Mailing Address 696 BRIARFIELD ROAD 696 BRIARFIELD ROAD SCOTTSVILLE KY 42164 SCOTTSVILLE KY 42164-7919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 61-1065364 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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. PTD TITLE ☐ Addition TITLE Delete GUNTER, J.W. JR. NAME NAME 696 BRIARFIELD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SCOTTSVILLE KY 42164 ☐ Change ☐ Addition TITLE ☐ Delete TITLE **GUNTER, SUSAN** NAME NAME 696 BRIARFIELD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SCOTTSVILLE KY 42164 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE **GUNTER, BRIAN** NAME NAME 696 BRIARFIELD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SCOTTSVILLE KY 42164 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE **GUNTER, GARY** NAME NAME 696 BRIARFIELD RD STREET ADDRESS STREET ADDRESS SCOTTSVILLE KY 42164 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other) ike empowered.

SIGNING OFFICER OR DIRECTOR