## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P39642** Jan 20, 2000 8:00 am **Secretary of State** BONNER ROOFING & SHEET METAL COMPANY Į, 01-20-2000 90118 031 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX 5829 P.O. BOX 5829 SAVANNAH GA 31414-5829 SAVANNAH GA 31414-5829 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-0911254 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6." Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH 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 DATE 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. 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. Addition ☐ Change ☐ Delete TITLE TITLE NAME BONNER, JAMES F. SR. NAME STREET ADDRESS STREET ADDRESS 140 OLD OATLAND ISLAND CITY-ST-ZIP CITY-ST-ZIP SAVANNAH GA Addition ☐ Change ☐ Delete TITLE -NAME BONNER, JAMES F., JR. NAME. STREET ADDRESS STREET ADDRESS 900 WILMA AVE. CITY-ST-7IP CITY-ST-ZIP SAVANNAH GA 31410 ☐ Change Addition TITLE ☐ Delete TITLE BONNER, LUREE M. NAME STREET ADDRESS 140 OLD OATLAND ISLAND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAVANNAH GA Change ☐ Addition ☐ Delete TITLE TITLE NAME BONNER, GREGORY F NAME STREET ADDRESS STREET ADDRESS **5414 CARTER ROAD** CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 like empowered. Onne Luree M. B onner January 13,2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(912) 236-0346