2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 19, 2001 8:00 am
Secretary of State
05-15-2001 90176 043 ***150.00
05-22-2001 90030 044 ***150.00

DOCUMENT # P92000006801

1. Entity Name
INSTALLER INSTITUTE, INC.

UA

74992

[redacted]

Principal Place of Business	Mailing Address
460 WALKER STREET HOLLY HILL, FL 32174	4807 BAYSHORE BLVD. TAMPA, FL 33611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8 TWELVE OAKS		MELISSA CLARK DALEY, P.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3819 WEST SAN MIGUEL ST.	
City & State: ORMOND BEACH, FL		City & State: TAMPA, FL	
Zip: 32174	Country: USA	Zip: 33629	Country: USA

4. FEI Number 59-3121706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELISSA CLARK DALEY, P.A. THE CARRIAGE HOUSE 4807 BAYSHORE BLVD. TAMPA, FL 33611	Name: MELISSA CLARK DALEY, P.A. Street Address (P.O. Box Number is Not Acceptable): 3819 WEST SAN MIGUEL STREET City: TAMPA FL Zip Code: 33629

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: *Melissa Clark Daley* MELISSA CLARK DALEY *April 19 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JONES, WILLIAM H., JR 8 TWELVE OAKS ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[signature]* WILLIAM H. JONES, JR. *4/30/01* *(904) 257-11..*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #