FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90063 025 ***150.00

B0093726

DOCUMENT # P92000006081

1. Entity Name
INSTALLER INSTITUTE, INC.

NC NW

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2. Principal Place of Business	3. Mailing Address
8 Twelve Oaks	c/o Chobee Ebbets 210 S. Beach Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200
City & State: Ormond Beach, Florida	City & State: Daytona Beach, Florida
Zip: 32174 Country:	Zip: 32114 Country:

4. FEI Number 59-3121706 ☐ 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: Chobee Ebbets
Street Address (P.O. Box Number is Not Acceptable): 210 South Beach Street
Suite 200
City: Daytona Beach FL Zip Code: 32114

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. (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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DPST
NAME	William H. Jones, Jr.
STREET ADDRESS	8 Twelve Oaks
CITY-ST-ZIP	Ormond Beach, Florida 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: ____________ 4-30-02