2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90236 010 ***150.00

DOCUMENT # P93000068491

1. Entity Name
SUN SOUTH BUILDING SUPPLIES, INC.

Principal Place of Business	Mailing Address
380 SEMORAN COMMERCE PLACE SUITE 306 APOPKA FL 32703	380 SEMORAN COMMERCE PLACE SUITE 306 APOPKA FL 32703

2. Principal Place of Business	3. Mailing Address
1655 E. Semoran Blvd	1655 E Semoran Blvd
Suite, Apt. #, etc.: Ste 34	Suite, Apt. #, etc.: Ste 34
City & State: Apopka, Fl.	City & State: Apopka, Fl.
Zip: 32703 Country: Orange	Zip: 32703 Country: Orange

Address only
☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3200480 ☐ 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
DESOUZA, ADRIENNE A 380 SEMORAN COMMERCE PLACE SUITE 306 APOPKA FL 32703 → See Change for Address	Name: deSouza Adrienne A. Street Address (P.O. Box Number is Not Acceptable): 1655 E. Semoran Blvd. STE 34 City: Apopka FL Zip Code: 32703.

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] ADRIENNE deSouza Feb 12/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESOUZA, ADRIENNE A 301 WICKHAM CT. LONGWOOD FL 32779-4543	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEISCHER, NANCY 147 ESSEX DRIVE LONGWOOD FL 32750	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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

SIGNATURE: SIGNATURE REQUIRED [signature] ADRIENNE deSouza. Feb 12/03. 407-884-8653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #