FILED

Jul 30, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT/(UBR)

Secretary of State P94000017876 DOCUMENT # 07-30-2003 90072 005 ***150.00 1. Entity Name ALL TIN SHEET METAL & ROOFING, INC. Principal Place of Business Mailing Address 7826 RHODES RD 7826 RHODES RD HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3229429 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required __ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOINSKI, EARL T Street Address (P.O. Box Number is Not Acceptable) 7826 RHODES RD **HUDSON FL 34667** City Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. TITLE TÎTLE ☐ Delete Change Addition SOINSKI, EARL T NAME NAME 4852 LIMESTONE DR STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRANDGARD, JAYSON NAME NAME STREET ADDRESS 4852 LIMESTONE DR STREET ADDRESS CITY-ST-ZIP PT RICHEY FL CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition Soinski, jesica NAME NAME STREET ADDRESS 4852 LIMESTONE DR STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE ☐ Change Addition NAME SOINSKI, REBECCA NAME 4852 LIMESTONE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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: (X

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Atlachment#