2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or sug of the corporation or the rec changed, or on an attach

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P94000038784** HARRIS ROOFING & SHEETMETAL OF FLORIDA, INC. 04-19-2000 90042 031 ***150.00 Mailing Address Principal Place of Business 3702 W. CHERRY ST. 3702 W. CHERRY ST. N003267V TAMPA FL 33607-2529 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3244398 Not Applicable \$8.75 Additional Ζiρ 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 HARRIS, F J Street Address (P.O. Box Number is Not Acceptable) 3702 W. CHERRY ST. TAMPA FL 33607 Zip Code City 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE NAME NAME HARRIS, FRANK J. STREET ADDRESS STREET ADDRESS 811 S ROXMERE RD CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not availify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 13. I hereby certify that the information

the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director a this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if empowered.

FILED