FILED *2002 UNIFORM BUSINESS REPORT (UBR) Sep 09, 2002 8:00 am Secretary of State DOCUMENT # P95000024100 1. Entity Name 09-09-2002 90013 017 ***150.00 BUILDING PRODUCTS INT'L INC. Mailing Address Principal Place of Business 624 CAMBRIDGE WAY #101 624 CAMBRIDGE WAY #101 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3304184 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, RONALD J Street Address (P.O. Box Number is Not Acceptable) 624 CAMBRIDGE WAY #101 **ALTAMONTE SPRINGS FL 32714** 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition NAME WALKER, RONALD J NAME STREET ADDRESS 624 CAMBRIDGE WAY #101 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1435 2 18 34 TITLE ☐ Delete TITLE Change ☐ Addition

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, withful other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

9-5-02 407-774-518

☐ Change

☐ Addition

F 195000024100

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DATE: SEPTEMBER 5, 2002

TO: DIVISIONS OF CORPORATIONS

FROM: RONALD J. WALKER OWNER BUILDING PRODUCTS INT'L INC 624 CAMBRIDGE WAY # 101 ALTAMONTE SPRING'S, FL.

DEAR SIRS,

I AM WRIITING TO YOU FOR THE PURPOSE OF EXPLAINING THE REASON THAT I AM NOW FILING THE RENEWAL FOR THE CORPORATION THE REASON IS THAT I NEVER RECEIVED THE FORM FROM YOU UNTIL RECENTLY IF YOU LOOK BACK AT MY HISTORY, YOU WILL SEE THAT I ALWAYS FILED WITHIN THE REQUIRED TIME PERIOD AND WAS NEVER LATE IN PRIOR YEARS, I HOPE THAT THIS WILL SATISFY YOU, AND MAY HELP TO SERVE AS A AID IN YOUR DEPARTMENT TO LOOK BACK AND ACCESS THE REASON WHY INEVER RECEIVED THE FORM.

SINCERELY,