2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000081574 Jul 05, 2000 8:00 am Secretary of State STATEWIDE ROOF COATING, INC. 07-05-2000 90878 032 ***150.00 PrincipaliPlace of Business Mailing Address 15907 COUNTRY LANE 15907 COUNTRY LANE SPRING HILL FL 34610 SPRING HILL FL 34610-6837 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEl Number 59-3344697 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 LOCKE, JOHN C ESQUIRE Street Address (P.O. Box Number is Not Acceptable) SUNNE & LOCKE, P.A. 1151 N.E. CLEVELAND STREET **CLEARWATER FL 33755** 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. SIGNATURE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY-1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 77. 12. 666 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME : 1 NAME STREET ADDRESS 15907 COUNTRY LANE STREET ADDRESS CITY-ST-712 SPRING HILL FL 34610 CITY-ST-ZIP TITLE ☐ Deleta 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 ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIDE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET, ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

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, with all other like empowered.

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SIGNATURE:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNAND OFFICER OR DIRECTOR

4-26-00

Date

Daytime Phone #