2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P95000097644 1. Entity Name ARCHITECTURAL FENESTRATION SERVICES, INC. 04-24-2000 90144 039 ***150.00 Mailing Address Principal Place of Business 56 S RAILROAD AVE THE CACOLING 2 22 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-3939 3. Mailing Address 77 SE 2ND AVE. 2. Principal Place of Business TT SE 2ND AVE. DO NOT WRITE IN THIS SPACE City & State DEERFIELD BEACH, FL Applied For 4. FEI Number BIERFIELD BEACH, FL 65-0636259 Not Applicable \$8.75 Additional 33441 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIETRICH, EDWARD H Street Address (P.O. Box Number is Not Acceptable) 56 S RAILROAD AVE DEERFIELD BEACH FL 33441 Zip Code City 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. Masions (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD TITLE Change ☐ Delete TITLE DIETRICH, EDWARD H NAME NAME STREET ADDRESS STREET ADDRESS 19780 118 TRAIL SOUTH CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Change | Addition TITLE VD ☐ Delete TITLE WANZENBERG, BRADLEY E NAME STREET ADDRESS STREET ADDRESS 906 SE 11 STREET CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Change ☐ Addition ☐ Delete TITLE TITLE DIETRICH, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 19780 118 TRAIL SOUTH CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33498** ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

FILED

2-17-2500 954-427-10 11

Date Devime Phone 4