2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000016096** 1. Entity Name ROLL SALES, INC. 03-21-2000 90009 014 ***150.00 Mailing Address Principal Place of Business 1325 ROLLING RIDGE RD. 1325 ROLLING RIDGE RD. PALM HARBOR FL 34683 PALM HARBOR FL 34683-2824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3361629 Not Applicable Zip Country 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 Name WILEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1325 ROLLING RIDGE RD. PALM HARBOR FL 34683 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) DATE 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) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE TITLE ☐ Delete WILEY, RICHARD NAME NAME STREET ADDRESS 1325 ROLLING RIDGE RD. STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP Change Addition ☐ Delete TITLE WILEY, DORTHA NAME 1325 ROLLING RIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME A SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP