2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P96000048773 1. Entity Name SUNMETALS AND SUPPLY OF ST. PETERSBURG, INC. 01-24-2001 90002 010 ***150.00 Principal Place of Business Mailing Address 6554 44TH STREET N 6554 44TH STREET N 1003 PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0670483 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSENBERG, ARTHUR R 🐃 🧦 Street Address (P.O. Box Number is Not Acceptable) 916 S E 16 STREET DEERFIELD BEACH FL 33041 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE President TITLE NORRIS, DAVID NAME NAME Norris,David 916 S E 16 STREET STREET ADDRESS STREET ADDRESS 5953 48th Ave North CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33041 Kenneth City FL 33709 Vice President MSC Miles, Freddy L. 2639 N.Riverside Dr. #1104 ☐ Delete Change ☐ Addition TITLE MILES, FRED L NAME NAME 916 S E 16 STREET STREET ADDRESS STREET ADDRESS Pompano Beach FL 33062 CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-7IP Vice President Change Addition TITLE ☐ Delete Norris Michael 12000 4th Street North #126 NAME NAME STREET ADDRESS STREET ADDRESS St.Petersburg, FL 33716 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 empty for a 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.

CITY-ST-ZIP

PRINTED NAME OF SIGN