2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P96000068499 BRENNAN'S ROOFING, INC. 04-13-2001 90030 031 ***150.00 Principal Place of Business Mailing Address 336 DARTMOUTH AVE 336 DARTMOUTH AVE SPRING HILL FL 34606 SPRING HILL FL 34606 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 59-3394619 Not Applicable 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 BRENNAN, SUSAN A Street Address (P.O. Box Number is Not Acceptable) 336 DARTMOUTH AVE SPRING HILL FL 34606 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 (NOTE: Registered Agent signature required when rainstating) 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, 2001 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 11. CR2E034 (10/00) ☐ Delete ☐ Change Addition TITLE TITLE BRENNAN, DANIEL J NAME NAME STREET ADDRESS STREET ADDRESS 336 DARTMOUTH AVE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL [] Change ☐ Addition TITLE ☐ Delete TITLE BRENNAN, SUSAN A NAME NAME STREET ADDRESS STREET ADDRESS 336 DARTMOUTH AVE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34606 TITLE ☐ Delete Change ☐ Addition NAME VINCENT, JOHN J NAME STREET ADDRESS STREET ADDRESS 336 DARTMOUTH AVE CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE SIMSON, DENNIS A NAME NAME STREET ADDRESS STREET ADDRESS 336 DARTMOUTH AVE CITY-ST-ZIP CiTY-ST-ZiP SPRING HILL FL 34606 ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ---☐ Change Addition NAME: NAME 1 5 1 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

Daniel Brennan Paniel J. Brennan
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01 352-666-8101