FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State DOCUMENT # P96000071017 1. Entity Name ALAN'S ROOFING & ALUMINUM CONSTRUCTION, INC. 05-14-2002 90323 005 ***150.00 Principal Place of Business Mailing Address 13390 CORTEZ BLVD 13390 CORTEZ BLVD **BROOKSVILLE FL 34613 BROOKSVILLE FL 34613** 2. Principal Place of Business 3. Mailing Address 329 W.Jer 329 W. JEPPERSON STREE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For 59-3397521 KROOKENI BROOKSIN Not Applicable \$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 FIELD, ALAN 13390 CORTEZ BLVD BROOKSVILLE FL 34613 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) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS (9/04) TITLE ☐ Delete TITLE PRESIDENT / SELECTARY FIELD, ALAN NAME STREET ADDRESS 13390 CORTEZ BLVD STREET ADDRESS 329 W. JEPPERSON STREE CR2E034 CITY-ST-ZIP BROOKSVILLE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME Cremata, Johnny NAME STREET ADDRESS POST OFFICE BOX 10686 STREET ADDRESS CITY-ST-ZIP BROOKSVILLE FL 34603 CITY-ST-ZIP ! TITLE Delete ☐ Change ☐ Addition NAME LACHANCE, RAY STREET ADDRESS 2118 LAREDO AVENUE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP TITLE ☐ Delete TITLE VICE-PRESIDENT **Addition** ☐ Change NAME 2007 Soult POAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP BROOKANIJE FLORIN TITLE ☐ Delete TITLE TEENGURER Change 🔀 Addition NAME NAME 21421 CAMPBELL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the examption 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 the 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 record this regard as jequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an express, with all other like

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR