FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P96000088580** LASMAR EXTERIOR CONTRACTORS, INC. 01-31-2001 90264 016 ***158.75 Principal Place of Business Mailing Address 3304 EL MONTE CT 3304 EL MONTE CT TAMPA FL 33614 TAMPA FL 33614 U U U I U U U U 3. Mailing Addr Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3417428 ORICHA 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 MARTINEZ, JULIE A Street Address (P.O. Box Number is Not Acceptable) 3304 EL MONTE COURT **TAMPA FL 33614** utz 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, typed or printed name of registered agent and title if applicable (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 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST TITLE ☐ Delete TITLE Change ☐ Addition MARTINEZ, JULIE A Martinez NAME Julie A STREET ADDRESS 3304 EL MONTE CT 17102 Tiffany Lake Place STREET ADDRESS CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP TITLE ☐ Delete TITLE Cnange ☐ Addition Martinez, Russell MARTINEZ, RUSSELL NAME NAME STREET ADDRESS 3304 EL MONTE COURT STREET ADDRESS 7102 Tiffany Lake Place CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP TITI F Delete Addition TITI F ☐ Change Reasurer NAME Ouick, Brian. 17102 Tiffony Lake Place NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP utz.FL 33549 TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME 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.

RINTED NAME OF SIGNING OFFICER OF DIRECTOR