2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UB

Jan 09, 2003 8:00 am Secretary of State P96000103965 **DOCUMENT #** 1. Entity Name 01-09-2003 90027 045 ***150.00 PARADISE ROOFING, INC. Principal Place of Business Mailing Address 707 BRENTWOOD DRIVE 70003200 707 BRENTWOOD DRIVE SARASOTA FL 34292 -SARASOTA FL 34292 Venice Venice 2. Principal Place of Business 3. Mailing Address 'entwood 7 o T Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Venice ΣC 65-0723092 Applied For lenice Not Applicable Country Country 34292 4. S. A \$8.75 Additional 5. Certificate of Status Desired U.S.A 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent PREWENT, DANIEL Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVALTOAD SOUTH SARASOTA/FL-34233 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. I am familiar with, and accept SIGNATURE. typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ACKERLAND, BRYAN NAME ☐ Addition NAME STREET ADDRESS 707 BRENTWOOD DRIVE STREET ADDRESS CITY-ST-7IP VENICE FL 34292 Ä CITY-ST-7IP TITLE Delete TITLE NAME **ACKERLAND NATHAN** ☐ Change Addition NAME STREET ADDRESS 707 BRENTWOOD DR STREET ADDRESS VENICE FL 34292 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ACKERLAND, CYNDI NAME. Change Addition RobeRT NAME STREET ADDRESS 707 BRENTWOOD DR 1149 South STREET ADDRESS Lane VENICE FI 34292 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

FILED

CR2E034 (10/02)