CR2E034 (9/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P97000035732 1. Entity Name JON MYERS ROOFING, INC. 03-21-2000 90103 004 ***150.00 Mailing Address Principal Place of Business 141 SCARLET BLVD 141 SCARLET BLVD OLDSMAR FL 34677-3015 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3440840 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 MYERS DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Addition PTD ☐ Delete TITLE TITLE MYERS, JON D. NAME MYERS, JON D NAME Blvd. 141 Scarlet STREET ADDRESS STREET ADDRESS 1112 ELDRIDGE ST OL DSMAR, FL 34677-3015 CITY-ST-ZIP CITY - ST - ZIP **CLEARWATER FL 33755** ROSE, DOHALD A JR. Change ☐ Addition ☐ Delete TITI F TITLE 141 Scarlet Blvd. ROSE, DONALD A JR. NAME NAME STREET ADDRESS 1112 ELDRIDGE ST STREET ADDRESS OldSMAR, FL 34677-3015 CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33755 MYGRS, SUSAN E ☐ Addition TITLE □ Delete TITLE MYERS, SUSAN E NAME NAME scarlet Bird 141 STREET ADDRESS 112 ELDRIDGE ST STREET ADDRESS Oldsman FL 34677-3015 **CLEARWATER FL 33755** CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

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 eceiver 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

ENATURE AND TYPED OR PRINTEN NAME OF SIGNING OFFICER OR DIRECTOR

ON D. Myers

813-814-2204

Daytime Phone #