2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State DOCUMENT # P97000044890 1. Entity Name 05-13-2002 90136 010 ***150.00 SUTTER ROOFING CO. OF SOUTHWEST FLORIDA Principal Place of Business Mailing Address 6260 METRO PLANTATION RD 1763 APEX RD FORT MYERS FL 33912 SARASOTA FL 34240 US US 2. Principal Place of Business IIcoSuite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0755128 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered A 7. Name and Address of New Registered Agent SUTTER, STEPHEN F VICO Street Address (P.O. Box Number is Not Acceptable) 8284 1763 APEX ROAD SARASOTA FL 34240 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. 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. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change. ☐ Addition NAME SUTTER, STEPHEN F 609 ALBEE AD 2614 DICK WILSON DR NAME STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition NAME NAME DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL C!TY-ST-ZIP Delete TITLE Change ☐ Addition NAME SUTTER, BRADLEY W CONSTITUTIO STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment

CITY-ST-ZIP

RINTED NAME OF SIG

FILED