## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State P97000048880 DOCUMENT # 1. Entity Name 04-23-2002 90399 010 \*\*\*150.00 **B.A.C. SHUTTERS CORPORATION** Mailing Address Principal Place of Business 5431 N.W. 15TH ST 5431 N.W. 15TH ST **SUITE 10986 SHITE 10986** MARGATE FL 33363 MARGATE FL 33363 3. Mailing Address 2. Principal Place of Business 901 N. Powerline Rd 901 N. POWERLINE RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0759761 Not Applicable om pano Country \$8.75 Additional 5. Certificate of Status Desired П U.S.A Fee Required 33069 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN, PATRICK SULLIVAN, PATRICK Street Address (P.O. Box Number is Not Acceptable) 5431 NW 15TH ST SUITE 10 Zip Code 3 3 0 6 9 MARGATE FL 33263 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 (NOTE: Registered Agent signature required when reinstating) ne 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. $\Box$ Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE SULLIVAN, PAT NAME NAME 9109 S. Indian River Dr. 5431 N.W. 15TH ST SUITE 10986 STREET ADDRESS STREET ADDRESS FT PIERCE FL 34982 MARGATE FL 33263 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME SULLIVAN, PAT JR. NAME 3892 NW 73 TERR, STREET ADDRESS 5431 N.W. 15TH ST SUITE 10986 STREET ADDRESS CITY-ST-7IP Coral Springs FL 33065 MARGATE FL 33263 CITY-ST-ZIP ∑ Change <sup>-</sup> Addition - Detete TITLE TITLE TERRY SULLIVAN 9104 S. INDIAN RIVER DR. SULLIVAN, TERI NAME NAME STREET ADDRESS STREET ADDRESS 5431 N.W. 15TH ST SUITE 10986 CITY-ST-ZIP FT PIERCE FL 34982 MARGATE FL 33263 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE SULLIVAN, PETE NAME NAME 8445 NW 14 CT 5431 N.W. 15TH ST SUITE 10986 STREET ADDRESS STREET ADDRESS Coral Springs FL 3307 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33263 ☐ Addition ☐ Delete Change 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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

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954-917 - 5095 Daytime Phone #