2002 Uniform Business Report (UBR)

Mar 28, 2002 8:00 am Secretary of State P97000102198 **DOCUMENT #** 1. Entity Name 03-28-2002 90350 026 ***150.00 SOUTH FLORIDA SHEET METAL, INC. Principal Place of Business Mailing Address 8852 SW 57TH COURT 8852 SW 57TH COURT COOPER CITY FL 33328 COOPER CITY FL 33328 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0796305 Not Applicable Zip Country Zip Country \$8.75 Additional 5._Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOZER, WAYNE Street Address (P.O. Box Number is Not Acceptable) 8852 SW 57TH COURT COOPER CITY FL 33328 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. SIGNATURE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition DPST ☐ Change TITLE ☐ Delete TITLE BOZER, WAYNE NAME NAME 8852 SW 57TH COURT STREET ADDRESS STREET ADDRESS **COOPER CITY FL 33328** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE D٧ ☐ Delete TITLE WOODS, HAROLD NAME NAME STREET ADDRESS 9600 NW 10TH STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP Change __ _ Addition. Detete ante= TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

FILED