2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000025653 May 10, 2001 8:00 am Secretary of State 1. Entity Name TIN ROOF ENTERPRISES, INC. 05-10-2001 90171 042 ***150.00 Principal Place of Business Mailing Address 2155 MILLS RD. 2155 MILLS RD. JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 1 1 4 4 1 0 0 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3499781 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAFFITTE, DAVID M Street Address (P.O. Box Number is Not Acceptable) 2155 MILLS RD. JACKSONVILLE FL 32216 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAFFITTE, DAVID M NAME NAME 2155 MILLS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCKENZIE, KATHLEEN NAME NAME 2155 MILLS RD.- --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP Delete TITLE 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-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DAVID M. LAPPITE

with all other

SIGNATURE:

ke empowered.