FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 03, 2000 8:00 am Secretary of State DOCUMENT # _ P98000034861 1. Entity Name 03-03-2000 90245 041 ***150.00 Southern Homes Exteriors, Inc. Principal Place of Business Mailing Address 6016 Strawberry Flds. Way 6016 Strawberry Flds. Way Lake Worth, FL 33463 Lake Worth, FL 33463 A0025410 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 Applied For Not Applicable <u>65-0814877</u> Zip Country 7in Country \$8.75, Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Names Laflame Brett L.Street 16260 123rd Terrace North Street Address (P.O. Box Number is Not Acceptable)
504 Springdale Circle Jupiter Farms, FL 33478 Chalm Springs Zip Code 33461 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 bed or printed fame 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 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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete ☐ Change ☐ Addition NAME NAME Brett L.Street STREET ADDRESS STREET ADDRESS 16260 123rd Terrace North CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE X Delete ☐ Change ☐ Addition NAME Paul Morra STREET ADDRESS 6016 Strawberry Fields Way STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lake Worth, FL 33463 TITLE TITLE Pres.,Dir. ☐ Change Addition James L.Laflame STREET ADDRESS STREET ADDRESS 504 Springdale Circle CITY-ST-ZIP CITY-ST-7IP Palm Springs, FL 33461 TITLE ☐ Delete TITLE ☐ Addition Change 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-ZIP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 attachme ber like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR