2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 14, 2002 8:00 am DOCUMENT # P98000045240 **Secretary of State** 1. Entity Name 03-14-2002 90005 003 ***150.00 SALAS & SONS ROOFING & SHEET METAL, INC. Principal Place of Business Mailing Address 4570 CLARK ROAD 4570 CLARK ROAD SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address P.O. BOX 49742 5675 MCINTUSH RD Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0839692 SARASOTA, FL SARASOTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SARASOTA 3AR150713 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUS. GUIDO-X--- == OMONIME IS Not Acceptable) 4570 CLARK ROAD SARASOTA FL 34283 City SARASOTA nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE e 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)PRESIDENT ☐ Addition ☐ Delete TITLE GUIDO X. SAWS SALAS, GUIDO X SR. NAME 3R2E034 STREET ADDRESS 4570 CLARK ROAD STREET ADDRESS 5675 MC INTO SHED CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 SAMSOTA IFL 34233 CAMUS R. SALAS JA. ☐ Change ☐ Delete VICE - PRESIDENT TITLE CAMILO R. SAUS JR. NAME NAME STREET ADDRESS STREET ADDRESS 5675 MC INTOSH PD CITY-ST-ZIP CITY-ST-ZIE SARDSOTTO PL ☐ Delete TITLE Change Addition 5307 0- 3045 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP CHIEF FINANCIAL OFFICE Change ☐ Delete TITLE EDDY O. SAIAS SG7S MCENTESH RO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SARASOTA Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information su indicated on this report or supplement for and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director wared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment all other like empowered.

FILED