FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jan 22, 2001 8:00 am Secretary of State DOCUMENT # P98000049230 DANIELS CARPENTRY, INC. 01-22-2001 90132 032 ***150.00 Principal Place of Business Mailing Address 1 242 S.W. 38TH STREET 242 S.W. 38TH STREET CAPE CORAL FL 33914 CAPE CORAL FL 33914 ; COUCLOTT 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 65-0841962 Not Applicable Zin Country 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 SHENKO, WILLIAM E JR Street Address (P.O. Box Number is Not Acceptable) 2801 ESTERO BLVD., SUITE C FORT MYERS BEACH FL 33931 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) 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 3R2E034 (10/00) TITLE TITI F ☐ Change Addition ☐ Delete DANIELS, RODNEY M NAME NAME 242 S.W. 38TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE DANIELS, VERONICA G NAME NAME 242 SW 38TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE MILLER, JASON NAME NAME 4007 -5TH ST .W STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33971 CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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