2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED I

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P98000051621 INN-STALL SERVICE GROUP INC. 03-12-2001 90024 026 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1230 3601 SR 426 N GENEVA FL 32732 GENEVA FL 32732 140440 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 88-0374720 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6._Name and Address of Current Registered Agent COMPAGNONE, FRANK Street Address (P.O. Box Number is Not Acceptable) 3601 STATE RD 426N GENEVA FL 32732 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE COMPAGNONE, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 3601 SR 426 N CITY-ST-ZIP CITY-ST-ZIP **GENEVA FL 32732** ☐ Addition ☐ Change ☐ Delete TITLE TITLE COMPAGNONE, KIMBERLY NAME STREET ADDRESS STREET ADDRESS 3601 SR 426 N CITY-ST-ZIP CITY-ST-7IP GENEVA FL 32732 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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