

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 09, 2000 8:00 am  
Secretary of State  
05-09-2000 90075 040 \*\*\*150.00

DOCUMENT# 0980000 70512  
Entity Name  
LLS Roofing, Inc.

Principal Place of Business  
5754 Corporation Circle  
Fort Myers, FL  
Mailing Address  
113 Reed Avenue  
Lexington, SC 29072

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
57-1070995  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CT Corporation System  
1200 South Pine Island Rd.  
Plantation, FL 33324

7. Name and Address of New Registered Agent  
Name  
N/A  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

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 N/A  
Signature, typed or printed name of registered agent and title if applicable.  
(NOTE: Registered Agent signature required when reinstating)  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.  
\$5.00 May Be Added to Fees

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
4/25/00 803/996-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #