2000 UNIFORM BUSINESS REPORT (UBR) Feb 20, 2000 8:00 am DOCUMENT # P98000094561 1. Entity Name Secretary of State BRANDON ROOFING, INC. 02-20-2000 90036 045 ***158.75 Principal Place of Business Mailing Address 1112 LADY GUINEVERE DRIVE 1112 LADY GUINEVERE DRIVE. VALRICO FL 33594-5826 VALINOU FL 33594 20046400 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3540996 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTIN, KEVIN'S Street Address (P.O. Box Number is Not Acceptable) 1112 LADY GUINEVERE DR. DARICO FL 33594 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, 2000 Fee will be \$550.00 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 (11: --- e OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE MARTIN, KEVIN S NAME NAME STREET ADDRESS STREET ADDRESS 1112 LADY GUINEVERE DRIVE CITY_ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition Delete TITLE TITLE NOVELLI, ANTHONY J NAME STREET ADDRESS 1112 LADY GUINEVERE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition Change Detete TITLE MARTIN, CHRISTOPHER P NAME NAME 1112 LADY GUINEVERE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP VALRICO FL 33594 ☐ Addition Change TITLE SECRETARY ☐ Delete TITLE TIMOTHY MARTIN 4216 S. MANHATTAN AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOMPA, FL 33611 Addition reasurer ☐ Delete TITI F Change TITLE PRUL C. MAZAK NAME NAME STREET ADDRESS 106 J. WODDEN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOMBO, FL 33609 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

Date