2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am § Secretary of State DOCUMENT # P98000103653 1. Entity Name 05-27-2002 90301 032 ***158.75 INSTALL SOLUTIONS, INC. Mailing Address Principal Place of Business 4011 N. PACE BOULEVARD PO BOX 17005 PENSACOLA FL: 32505 PENSACOLA FL 32522 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3547838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Michael W. Vahle Street Address (P.O. Box Number is Not Acceptable) DOS SANTOS, TERESA 4011 N. PACE BOULEVARD PENSACOLA FL 32505 Zip Code 32.505 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 4-30-02 **SIGNATURE** FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible _____ 10:~Election:Gampaign-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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Addition TITLE Change COOK, TERRI L NAME NAME STREET ADDRESS 4011 N. PACE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 Delete TITLE TITLE ☐ Change Addition NAME NAME DOS SANTOS, TERESA STREET ADDRESS STREET ADDRESS **4011 N. PACE BOULEVARD** CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP ops vahle, Michael W. 4011 N. Pace Boulevard ☐ Delete ☐ Change TITI F TITI F **X** Addition NAME STREET ADDRESS STREET ADDRESS PLNSACOLA, FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY_ST_ZIP__

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

E OF SIGNING OFFICER OR DIRECTOR

Vahle Pass. 4:30-02 850 433 4566

Daytime Phone #

☐ Change

☐ Addition