2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P99000002817 M.D. BUILDING SYSTEMS OF FLORIDA, INC. -04-17-2001 90030 018 ***150.00 Principal Place of Business Mailing Address 675 OLD BERKLEY RD 1503 AUBURN OAKS BLVD AUBURNDALE FL 33823 auburndale fl 33823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3557086 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, LORI Street Address (P.O. Box Number is Not Acceptable) 1503 AUBURN OAKS BLVD. **AUBURNDALE FL 33823** Zip Code City 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. DATE 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition □ Delete TITLE KNAPP, MARTIN V NAME STREET ADDRESS 1505 AUBURN OAKS BLVD. STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-7IP VSD Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, LORI NAME 1503 AUBURN OAKS BLVD. STREET ADDRESS STREET ADDRESS **AUBURNDALE FL 33823** CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE KNAPP, MARY LOU ____ NAME _ NAME 675 OLD BERKLEY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 33823 CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 required 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 attachtrent with an address, with all other like empowered.

SIGNATURE: