2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

7232 JOHN SILVR LN

SARASOTA FL 34231

P99000008063 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

7232 JOHN SILVR LN

Suite, Apt. #, etc.

City & State

Zip

SARASOTA FL 34231

TOP FLOOR BUILDING PRODUCTS, INC.

Country

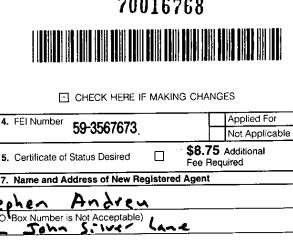
6. Name and Address of Current Registered Agent



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90162 013 ***150.00

70016768



ANDREU, KENNETH 7232 JOHN SILVER LANE SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

FILE NOWINFEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

ad or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

П

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Plorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) Change ☐ Addition TITLE ☐ Delete TITLE STEPHEN ANDREW NAME ANDREAU, STEPHEN NAME 7232 JOHN SILVER LANE STREET ADDRESS STREET-ADDRESS 7232 JOHN SILVER LANE SARASOFA PL 34231 CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

941)809-7328