2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000015548 AAA American Shed + Carports, Inc. 00 OCT 16 AMIO: 11 SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA P.O. BOX 15204 4511 N. Palafox Pensacola, FL. Pensacola, FL. 32514 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bill Schimmel Street Address (P.O. Box Number is Not Acceptable) Pensacola, FL. 32505 City Zip Code FL 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (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 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 700003434497--10/23/00--01017--018 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF *****150.00 *****150.00 Addition TITLE Delete TITLE 130× 15204 NAME NAME FL132514 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ccretary CITY-ST-ZIF TITLE [Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: 10-16-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please be advised that ive did not receive our Uniform Business Report because it was mailed to the wrong address.

The court mailing address for the Corporation is:

> P. O. BOX 152081. Fensacola, FL, 325/4

AAA American 3hed - Cayort, Inc.

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