2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment v

SIGNATURE:

May 27, 2002 8:00 am Secretary of State P99000017653 DOCUMENT # 1. Entity Name 05-27-2002 90375 024 ***150.00 ORANGE LAKE BUILDING MATERIALS, INC. Mailing Address Principal Place of Business 11301 SATELLITE BLVD B0117328 11301 SATELLITE BLVD ORLANDO FL 32837 ORLANDO FL 32837 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3572071 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEROUSEK, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 9121 PINNACLE CIR. WINDERMERE FL 34786 Zip Code City 8. The above named entity submits this statement for the gurpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is rigible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (10/6)☐ Addition TITLE □ Delete NAME JEROUSEK, GREGORY J NAME CR2E034 STREET ADDRESS 9121 PINNACLE CR STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME TURNER, PATRICK E NAME STREET ADDRESS PO BOX 951348 STREET ADDRESS CITY-ST-ZIP. -CITY-ST-ZIP LAKE MARY-FL 32795 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 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 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 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 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 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 the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if the same legal effe

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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