2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

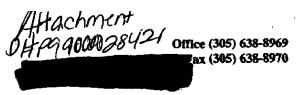
Sep 12, 2000 8:00 am Secretary of State DOCUMENT # P99000028421 1. Entity Name SOUTH FLORIDA SHUTTERS, INC. 08-15-2000 90019 013 ***150.00 Mailing Address Principal Place of Business 1825 PONCE DE LEON BLVD., #346 1825 PONCE DE LEON BLVD., #346 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Malling Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zio Zίρ Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHELTON, JOHN Street Address (P.O. Box Number is Not Acceptable) 1825 PONCE DE LEON BLVD., #346 **CORAL GABLES FL 33134** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (5/00) PD TITLE Change Delete TITLE SHELTON, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1825 PONCE DE LEON BLVD., #346 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE □ Delete 그 그녀를 하는다. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- NO CITY-ST-MP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE 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 resort 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 reserver of flustee 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.

FILED

PMB 346 Ponce De Leon Blvd Coral Gables Fl, 33134

Licensed & Insured 'CC#99BS00231





Sales, Service, & Installation

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee Florida 32314 8/8/00

Dear Sir or Madam,

This letter is to inform you in writing that South Florida Shutters Inc. did not receive the year 2000 uniform business report in January of this year. Through phone conversations I have been directed to notify you via writing on company letterhead. I have properly filled out the attached uniform business report and am sending the amount of \$150.00 to the above referenced P.O. box.

John D. Shelton III, President