2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P9900030446 May 09, 2000 8:00 am 1. Entity Name Secretary of State ISLAND SCREEN & RAILING, INC. 05-09-2000 90138 034 ***150.00 Principal Place of Business Mailing Address 761 E. ELKCAM CIRCLE 761 E. ELKCAM CIRCLE MARCO ISLAND FL 34145-2553 MARCO ISLAND FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Name HAUSLER, GARY J Street Address (P.O. Box Number is Not Acceptable) 950 N. COLLIER BLVD., STE. 202 MARCO ISLAND FL 34145 Zip Code FL 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 (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. a. . After MAY 1, 2000 Fee will be \$550.00 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 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE O'NEILL. TIMOTHY P NAME STREET ADDRESS 1405 BUTTERFIELD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change ☐ Addition ☐ Delete TIT) F TITLE O'NEILL, BRIAN NAME NAME 1405 BUTTERFIELD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change Addition TITLE ☐ Delete O'NEILL, JOHN NAME NAME 1405 BUTTERFIELD CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change Addition TITLE ☐ Delete 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 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #

4/28/200