2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000064056

1. Entity Name

ESCAMBIA SANTA ROSA BUILDING & REMODELING, INC.

Principal Place of Business	Mailing Address
3280 DUNAWAY DRIVE PENSACOLA FL 32526 US	3280 DUNAWAY DRIVE PENSACOLA FL 32526 US
2. Principal Place of Business	3. Mailing Address

Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90114 038 ***150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Signature, Name and Address of Current Registered Agent Name MOSLEY, JASON R 3280 DUNAWAY DRIVE PENSACOLA FL 32526 City City FL Zip Code City Street Address (P,O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P,O. Box Number is Not Acceptable) City FL 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State DO NOT WRITE IN THIS SPACE Applied For Not Applied For Not Applicable PAS. 75, Additional Fee Required Street Address of New Registered Agent Fee Required To Name and Address of New Registered Agent Fee Required To Name and Address of New Registered Agent Fee Required Fee Required For Agent Financing Name Street Address (P,O. Box Number is Not Acceptable) Trust Fund Contribution. Street Address (P,O. Box Number is Not Acceptable) Trust Fund Contribution. Added to Fees	PENSACOLA FL 32526			3280 DUNAWAY DRIVE PENSACOLA FL 32526 US				E0048063									
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Zip	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE									
S. Name and Address of Current Registered Agent Name	City & Stat	е		City & State			4	4. FEI Number 59-3589213									
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9. This corporation is eligible to satisfy its Intangible Tax Ring requirement and elects to do so. After MAY 1, 2001 Fee will be \$55.0.0 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS	o. The above	named entry	Suprimes this statement for t	are purpose or orizinging its	ogistore	, a 6,1100 oi	rogiotoroa	agem, c	, 6001, 111	ino otati	5 0, 1 101	,					
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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 a place of the corporation 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 a place of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE: