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Secretary of State
04-23-2003 90178 008 ***150.00

NC 3/21/03

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084241

1. Entity Name
CORNERSTONE BUILDING ANALYSIS, INC.

Principal Place of Business
P O BOX 452973
KISSIMMEE, FL 34745

Mailing Address
1726 OAK BREEZE AVENUE
KISSIMMEE, FL 34744

11009993

2. Principal Place of Business: 1726 OAK Breeze Ave
Suite, Apt. #, etc.
City & State: Kiss., FL.
Zip: 34744 Country: USA

3. Mailing Address: PO BOX 452973
Suite, Apt. #, etc.
City & State: Kiss., FL.
Zip: 34745 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3599919 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEAVER, JOHN
1726 OAK BREEZE AVENUE
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent
Name: John M. Weaver Jr.
Street Address (P.O. Box Number is not Acceptable): 1726 OAK Breeze Ave
City: Kiss FL Zip Code: 34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOGEN, BRIAN H P.O. BOX 452973 KISSIMMEE, FL 34745	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WEAVER, JOHN M P.O. BOX 452973 KISSIMMEE, FL 34745	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL. Dept. State $150