2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100233 Aug 31, 2000 8:00 am Secretary of State 1. Entity Name PROFESSIONAL ROOF TECHS, INC. 08-31-2000 90068 002 *****8.75 08-31-2000 90068 001 ***150.00 Principal Place of Business Mailing Address 6913 RANCH RD. 6913 RANCH RD. SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address 8466. N. Lockwood Rodge Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0962002 City & State City & State Applied For RASOTA Not Applicable Country, MANATEE Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LENART, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 6913 RANCH RD. SARASOTA FL 34243 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Delete TITLE LENART, CHRISTOPHER J NAME STREET ADDRESS 6913 RANCH RD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE LENART, THERESA M NAME NAME 6913 RANCH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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 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.

SIGNATURE:

Professional Roof Techs. Inc.

attachment pg 9 000 100233 8466 N. Lockwood Ridge Rd.

Sarasota, FL 34243

Phone 941-351-8792

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