2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 an DOCUMENT # P99000108251 **Secretary of State** 02-08-2000 90172 043 ***150.00 MOUSER CUSTOM ROOFING, INC. Mailing Address Principal Place of Business 00017358 2340 HILLVIEW STREET 2340 HILLVIEW STREET SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address A SERVICE AND CONTRACTOR OF THE PROPERTY CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State \$8.75 Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOUSER, FRED C JR Street Address (P.O. Box Number is Not Acceptable) 2340 HILLVIEW STREET SARASOTA FL 34239 Zip Code City 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTURE OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE Defete TITLE Fred C. Mouser, Jr. Fred C. Mouser, Jr. NAME NAME 2340 Hillview St. STREET ADDRESS STREET ADDRESS Sarasota, FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE NAME cynthia). Mouser STREET ADDRESS 2340-4: 11 viewst. Sarasota, FL 34239 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY~ST~7JP

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 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 on ufficient 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 with all other like empowered

SIGNATURE: