2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # \$82860 Feb 16, 2000 8:00 am Secretary of State RCR ALL FLORIDA ROOFING & CONSTRUCTION, INC. 02-16-2000 90053 044 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 9263 3491 OLF DELAND RD DAYTONA BEACH FL 32120-9263 DAYTONA FL 32120 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt #, etc. Applied For City & State City & State 4. FEI Number 59-3099919 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODGERS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 3491 OLD DELAND ROAD DAYTONA BEACH FL 32120 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition PD TITLE ☐ Delete TITLE RODGERS, RICHARD C. SR. NAME NAME STREET ADDRESS STREET ADDRESS 1672 JOHN ANDERSON DRIVE CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE RODGERS, RICHARD C. JR. NAME NAME STREET ADDRESS STREET ADDRESS 3491 OLD DELAND ROAD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Richard Radgers 1/10/00

FILED