2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V31173** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** ERWIN ROOFING, INC. 02-29-2000 90096 037 ***150.00 Principal Place of Business Mailing Address 8805 58TH WAY NORTH 8805 58TH WAY NORTH PINELLAS PARK FL 33782 PINELLAS PARK FL 33782-4939 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3118611 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERWIN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 8805 58TH WAY NORTH PINELLAS PARK FL 33782 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change Addition Delete TITLE TITLE ERWIN, MICHAEL MARAE NAME STREET ADDRESS STREET ADDRESS 8805 58 WAY NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL Delete ☐ Addition ☐ Change TITLE CERDA, JESUS NAME STREET ADDRESS STREET ADDRESS 8805 58 WAY NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL Delete - -Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR