FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2001 8:00 am DOCUMENT # 157969 V **Secretary of State** 03-02-2001 90111 024 ***150.00 KEY GLASS AND WINDOW, INC. 2312 58th AVENUE E 2312 58th Avenue East BRADENTON, Fr. 34203 BLADENTON, FL. 34203 629677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country 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 Name BURKHART, GREGORY M. Street Address (P.O. Box Number is Not Acceptable) 9107 64th AVE. EAST BRADENTON, FL. 34202 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 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. CR2E034 (11/00) ☐ Change Addition TITLE ☐ Delete BURKHART, GREGORY M. 2312 SBM AVENUE EAST NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P BRADENTON, FL. 34203 ☐ Delete ☐ Change Addition TITL F Buekhart, SHERIL GOIS 28th ST. EAST NAME STREET ADDRESS STREET ADDRESS BRADENTON, FL. 34203 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZiP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE Addition NAME 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