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2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State **DOCUMENT # G37990** INTERNATIONAL FURNITURE & DESIGN, INC. 05-11-2001 90103 009 ***150.00 Principal Place of Business Mailing Address 7000 BRYAN DAIRY RD #A-1 7000 BRYAN DAIRY RD #A-1 LARGO FL 33777 LARGO FL 33777 U\$ UŞ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2297432 Applied For Not Applicable 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 PIACENTI, MARK, M Street Address (P.O. Box Number is Not Acceptable) 1321 43RD AVE. N. ST. PETERSBURG FL 33703 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 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 11. 12. CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE PIACENT, MARK M. NAME NAME 1321 43RD AVE. N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE TENNELL, DARLENE L. NAME NAME 1321 43RD AVE. N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE PIACENTI, MARK, M NAME NAME STREET ADDRESS NO ADDR GIVEN STREET ADDRESS NO ADDR GIVEN CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 of trusted empowered to kecule 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 will an address on all the time because the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted empowered.