2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P94000080411** BEST WALLCOVERING, INC. 05-16-2000 90156 024 ***150.00 Principal Place of Business Mailing Address 5291 COLLINS RD 5291 COLLINS RD LOT 124 LOT 124 JACKSONVILLE FL 32244 JACKSONVILLE FL 32091-9437 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT-WRITE IN-THIS SPACE 4. FEI Number Applied For 59-3276917 ar Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEACOCK, ANTHONY W Street Address (P.O. Box Number is Not Acceptable) 5291 COLLINS RD, #124 JACKSONVILLE FL 32244 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 DATE (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 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 Change ☐ Addition Delete TITLE TITLE RR4 1297 M PEACOCK, ANTHONY W NAME NAME Starke, F1. 32091 STREET ADDRESS 5291 COLLINS RD. #124 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32244 CITY-ST-7IP ☐ Addition ☐ Delete TITLE Peacock, Paul PEACOCK, PASUL NAME NAME 3737 ST JOHNS BLUFF RD S, APT 2310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 Addition ☐ Delete TITLE TITLE PEACOCK, PRISCILLA JANE NAME NAME STREET ADDRESS STREET ADDRESS 5291 COLLINS RD #124 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change □ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 on 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.

reasurer