2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State 01-11-2001 90009 029 ***150.00 DOCUMENT # P95000044839 OLD WORLD PLASTERING, INC. Principal Place of Business Mailing Address 40715 BRIDLE PATH LANE 40715 BRIDLE PATH LANE LEESBURG FL 34788 600422 LEESBURG FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3322414 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRANDT, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 40715 BRIDLE PATH LANE LEESBURG FL 34788 Zip Code City 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. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition Change ☐ Delete TITLE BRANDT, CHRISTINE NAME NAME STREET ADDRESS STREET ADDRESS 40715 BRIDLE PATH LANE CITY-ST-7IP CITY-ST-ZIP LEESBURG FL 34788 ☐ Change ☐ Addition ☐ Delete TITLE BRANDT, DEAN NAME STREET ADDRESS 40715 BRIDLE PATH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL ☐ Change ☐ Addition ☐ Delete MARSHALL, JASON NAME STREET ADDRESS STREET ADDRESS 40715 BRIDLE PATH LANE CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 ☐ Change ☐ Addition ☐ Delete TITLE DINSMORE, TODD NAME STREET ADDRESS 801 WASHINGTON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 ☐ Addition Channe ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE 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.

Thristine Brand+ 1/3/01