2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT#** 274053 1. Entity Name 05-03-2001 90973 045 \*\*\*150.00 Floring INC Principal Place of Business 1674 J.E 10 TERR. 549 NE 14 AVE Pa BOX ZZ131 PA BOX 22131 C0859151 Ft Lunerpale FL It Lauveronle FL 33335-US 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2632890 Not Applicable Zip Country Żip 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 Eley Frederick H Street Address (P.O. Box Number is Not Acceptable) 549 NE 14 AVE Ft LAUDERDALE 33341 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) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete ☐ Addition TITLE Change NAME NAME FREDERICK ELEY, FreDERICK H. 549 NE 14 AVE FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft Luneronle TITLE TITLE Change -☐ Addition ☐ Delete ELEY, F. CHWNON NAME NAME ELEY, F, CANNON 1200 SE 18 TERR STREET ADDRESS STREET ADDRESS 707 5.60 7 57 CITY-ST-ZIP CITY-ST-ZIP FL 33315 Ft houseronk Fl Ft hauperonle Change TITLE 5T. ☐ Delete TITLE Addition NAME NAME ELEY, CAPOLINE F. ELEY- Sigler, D.A. STREET ADDRESS STREET ADDRESS 549 NE 14 AVE 2100 NG 27 DV CITY-ST-ZIP CITY-ST-ZIP Et LAUDETHALE WILTON MANORS 33314 ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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