FILED

2002 Uniform Business Report (UBR)

Mar 18, 2002 8:00 am Secretary of State DOCUMENT # S 303111 1. Entity Name 03-18-2002 90085 001 ***150.00 ATLANTIC PLASTERING, INC. Principal Place of Business Mailing Address P. O. BOX 667 UUUCŁUUU P. O. BOX 667 240 W. JUNO ST. 240 W. JUNO ST. JUPITER FL 33458 JUPITER FL 33458 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 Applied For 59-1117393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOSSO, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 2428 BROADWAY WEST PALM BEACH FL 33404 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 (9/01) PTD ☐ Change ☐ Addition Delete TITLE TITLE TUNING, ARCHIE F JR NAME NAME 14991 128TH AVE NORTH STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TUNING, ROBERT J. NAME STREET ADDRESS 5408 SIOUX ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HAIZLIP.CORNELIA A STREET ADDRESS STREET ADORESS 4829 TEQUESTA DR. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33469 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS . : 1, 4.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change 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 attagnifient with an address, with all other like empowered.

Tuving, PRES 3-6-02(56/746 3135