2004 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # 525787** ANGELO J. TELESE INTERIORS, INC. 02-05-2001 90051 030 ***150.00 Principal Place of Business Mailing Address 7020 CENTRAL AVE 7020 CENTRAL AVE ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 915172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FÉI Number 59-1727039 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDREWS, LANCE Street Address (P.O. Box Number is Not Acceptable) 2828 66TH TERR SAINT PETERSBURG FL 33712 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. 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 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. ☐ Delete TITLE ☐ Change ☐ Addition TELESE, ANGELO J NAME 6700 5TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VIHEREK, JOSEPH L NAME NAME STREET ADDRESS 6700 5TH AVE N STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: INTED NAME OF SIGNING OFFICER OR

Daytime Phone #