2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 582853** 1. Entity Name 01-18-2000 90117 020 ***150.00 CERAMIC ARTS, INC. Mailing Address Principal Place of Business 6967 SUNSET DRIVE SOUTH 27 SUNSET DRIVE SOUTH SOUTH PASADENA FL 33707-2817 SOUTH PASADENA FL 33707 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1848080 Not Applicable \$8.75 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WYPASEK, RAYMOND A. Street Address (P.O. Box Number is Not Acceptable) 6967 SUNSET DRIVE SOUTH SOUTH PASADENA FL 33707 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE □ Delete TITLE NAME WYPASEK, RAYMOND A. NAME STREET ADDRESS STREET ADDRESS 7510 PINE VALLEY LANE Zipcode zipcode CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Delete TITLE NAME WYPASEK, MADELIN G. NAME STREET ADDRESS STREET ADDRESS 7510 PINE VALLEY LANE CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL ☐ Delete TITLE NAME FRIEDERICH, DINA L. NAME STREET ADDRESS STREET ADDRESS 8891 TAMI ST CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 Change ☐ Addition ☐ Delete TITLE D TITLE BAST, LAURA NAME STREET ADDRESS 1804 N. WASHINGTON #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JANESVILLE WI 53545 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

Wypaset 1/10/00 SIGNATURE: 1 E OF SIGNING OFFICER OR DIRECTO

☐ Change

☐ Addition