

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                 |                                                                                                                                         |                                                                                          |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # F01000000310</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                 |                                                                                                                                         |         |                                                                   |
| 1. Entity Name<br><b>APPLIED SURFACES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                 |                                                                                                                                         |                                                                                          |                                                                   |
| Principal Place of Business<br>225 MIZNER BLVD.<br>SUITE 300<br>BOCA RATON, FL 33432                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                           |                                 | Mailing Address<br>225 MIZNER BLVD.<br>SUITE 300<br>BOCA RATON, FL 33432                                                                |                                                                                          |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           |                                 | 3. Mailing Address                                                                                                                      |                                                                                          |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                           |                                 | Suite, Apt. #, etc.                                                                                                                     |                                                                                          |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                           |                                 | City & State                                                                                                                            |                                                                                          |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country                                                   | Zip                             | Country                                                                                                                                 | 4. FEI Number<br><b>22-3150059</b>                                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                 |                                                                                                                                         | Applied For<br>Not Applicable                                                            |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                 |                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>LAX, MICHAEL<br>18615 ANCHOR DR.<br>BOCA RATON, FL 33498                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                           |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                 |                                                                                                                                         |                                                                                          |                                                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when submitting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |                                 |                                                                                                                                         |                                                                                          |                                                                   |
| <div style="display: flex; justify-content: space-between;"> <div> <p><b>FILE NOW!!! FEE IS \$150.00</b><br/>After May 1, 2003 Fee will be \$550.00<br/>Amended UBR is \$61.25<br/>Make Check Payable to Florida Department of State</p> </div> <div> <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> </div> </div>                                                                                                                                                                                                                                                            |                                                           |                                 |                                                                                                                                         |                                                                                          |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                          |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PCD<br>LAX, MICHAEL<br>18615 ANCHOR DR.<br>BOCA RATON, FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | 30002288139<br>09/09/03--01040--008                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that no name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered. |                                                           |                                 |                                                                                                                                         |                                                                                          |                                                                   |
| SIGNATURE: <u>Michael Lax</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |                                 | 9/8/03 561-620-0015                                                                                                                     |                                                                                          |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |                                 | Date Daytime Phone #                                                                                                                    |                                                                                          |                                                                   |

9/9/9