FOR PROFIT CORPORATION

FILED Apr 22, 2002 8:00 am

FLEMING PLASTERING, INC. DO NOT WRITE IN THIS SPACE 2. Proping Place of Business 1. Meiting Address 2. Suite, Act. 4, etc. OO NOT WRITE IN THIS SPACE 2. Proping Place of Business 1. Suite, Act. 4, etc. OO NOT WRITE IN THIS SPACE 2. Proping Place of Business 1. Suite, Act. 4, etc. OO NOT WRITE IN THIS SPACE 2. Proping Place of Business 1. Suite, Act. 4, etc. OO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 1. Name and Address of Current Registered Apont Charles E. Plening Stond Actings (Cho Sir Name on Address of Current Registered Apont Charles E. Plening 12.891 Inshore Drive City Palm Beach Cardens FL 20 Code City Palm Beach Cardens 12.891 Inshore Drive City Palm Beach Cardens 13.3410 Code other and books) Carden and books) Carden and books) Carden Services Cardens 12.891 Inshore Drive City Palm Beach Cardens 12.891 Inshore Drive City Size Cardens 12.891 In	O.	AILOUM POSIME	33 NEPUNI	(UDN)			- C C 4 - 4 -	
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2. Principal Place of Business 12.891_Inshore Dr. Sulla, Apt. #, etc. Sulla, Apt. #, etc. City & State Palm Beach Gardens FL Zip County DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above named only submits this statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the Statement for the purpose of changing its registered office or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the Statement for the purpose of changing its registered diffice or registered agent, or ooth, in the State of Florids. SIGNATURE Secretary 1. Head of the Statement for the purpose of changing its registered agent of the Statement for State After May 1. Fee is \$550.00 After May 1. Fee is \$500.00 After May 1. Fee is \$550.00 After May 1. Fee is \$550.00								
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DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5.	. Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE Charles E. Fleming	33410	USA			7. 1	Name and Address of Current Regi	<u> </u>	
SIGNATURE Signature, hypotic primer name of legistered agent agent and like it applicable. Note: Repetition of seligible to satisfy its intangible Task filing requirement and elects to do so. See criteria on back) D/P MME Charles E. Fleming 12891 Inshore Drive Palm Beach Gardens, FL 33410 Title MANE Sitter Moores 12891 Inshore Drive Palm Beach Gardens, FL 33410 Title MANE Sitter Moores City Palm Beach Gardens, FL 33410 Title MANE Sitter Moores City Palm Beach Gardens, FL 33410 Title MANE Sitter Moores City Palm Beach Gardens, FL 33410 Title MANE Sitter Moores City Sit-2P DO NOT WRITE INTE MANE Sitter Moores City Sit-2P Title MANE Sitter Moores City Sit-2P Title MANE Sitter Moores City Sit-2P DO NOT WRITE INTE MANE Sitter Moores City Sit-2P Title MANE Sitter Moores					Charles E. Fleming			
Signature, typed to primare name of registered algorithms and the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed to primare name of registered algorithms. (NOTE: Registered Agent agrants registered agent approximation and registered agent agrants registered agent, or both, in the State of Florida JATE 11.		IN THIS SPA	ACE	-		12891 Inshore Drive		
Signature, highest or prived named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, highest or prived name of registered agent and title if applicable. (NOTE Registered Agent agriculture) Signature, highest or prived name of registered agent and title if applicable. (NOTE Registered Agent agriculture) January 1 - May 1 - Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State 10. OFFICERS AND DIRECTORS IT USE Charles E. Fleming 12891 Inshore Drive Palm Beach Gardens, FL 33410 THE NAME 12891 Inshore Drive Palm Beach Gardens, FL 33410 THE NAME 1771-51-27P THE NAM	₹ •			City	Palm	Beach Gardens		
TITLE WAME STREET ADDRESS STREET ADD	SIGNATURE	ignature, typed or printed name of registered agent an ation is eligible to satisfy its Intangible quirement and elects to do so.	d title if applicable. (NOTE: January 1 - Ma After May 1 Amended	Registered Agent signs by 1 Fee Is \$15 c, Fee is \$550.0 UBR is \$61.25	ature required when 50.00	n reinstating) 10. Election Campaign Financin	ng\$5.00 May Be	
Charles E. Fleming 12891 Inshore Drive Palm Beach Gardens, FL 33410 TITLE MAME STREET ADDRESS CITY-SI-ZIP Cathy Fleming 12891 Inshore Drive Palm Beach Gardens, FL 33410 TITLE MAME STREET ADDRESS CITY-SI-ZIP			IRECTORS		T			
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13. I havely a artify that the information as a limit of this thick line when not a sality far the assessment in Caption 110 07(2)(i). Florida Chat the Line and the information	NAME STREET ADDRESS			NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE

Date

Daytime Phone #