2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G40302** May 12, 2000 8:00 am Secretary of State PLASTERCRAFT CREATIONS, INC. 05-12-2000 90067 045 ***150.00 Principal Place of Business Mailing Address 2748 24TH ST., N. 2748 24TH ST., N. ST. PETERSBURG FL 33713-4046 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address 466 ORBIT DR. 466 ORBIT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2299967 BLASASVIILA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 30512 UNION 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, CHARLES E.H. Street Address (P.O. Box Number is Not Acceptable) 4265 CENTRAL AVE ST. PETERSBURG FL 33713 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS PTD PTP M Change ☐ Addition TITLE ☐ Delete TITLE PETTAY, PloyO H. JA. 312 HAGS NEST Rd. PETTAY, FLOYD H. JR. NAME NAME STREET ADDRESS 7143 120TH STREET NORTH STREET ADDRESS CITY-ST-ZIP SEMINOLE FL CITY-ST-ZIP SUCHES, GA 30572 ☐ Addition **Change** ☐ Delete TITLE PETTAY, BARNARINE PETTAY, BERNADINE NAME 322 HAGE NAST RU STREET ADDRESS STREET ADDRESS 7143 - 120TH ST NORTH CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL Addition Change Delete TITLE SMITH, EVANS G. NAME STREET ADDRESS 1208 HULL ST SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULFPORT FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 attachment with an address, with all other like empowered. PETTAY Jn.