2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE SIGNATURE AND TYPED OR PAINTED NAME OF SIGNATURE

Secretary of State VENDALL CERAMICS, INC. Mailing Address Mailing Address Sits OLD HOWELL DR. RD WINTER PARK FL 32792 US Applied For Net Applied For N	2002 UNIFORM BUSINESS REPORT (UBR)							FILED				
KENDALL CERAMICS, INC. 92-11-2002-90201-041 *** 50:00 Principal Plant of Business Maling Address State Applied Basked Bo. White Place II. 22792 IS State Applied For II. 22792 Principal Plant III. State III. State III. State Applied For III. State III. St	DOCUMENT # H59007 1. Entity Name							Feb 11, 2002 8:00 am Secretary of State				
SIGNATURE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida SIGNATURE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida SIGNATURE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TRAIL WINTER PARK FL 32792 IN THE STATE SOCKEN ARROW TR. IN THE STA	KENDALL CERAMICS, INC.											
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City & State City & State City & State City & State Country Zig Country Zig Country S. Certricate of Status Desired T. Name and Address of New Registered Agent The Name Seried Address (P.O. Box Number is Not Acceptable) TYZE BROKEN ARROW TRAIL WINTER PARK FL 32792 City City The Taylor Address (P.O. Box Number is Not Acceptable) The State of Fords. Seried Address (P.O. Box Number is Not Acceptable) The State of Fords. Seried Address (P.O. Box Number is Not Acceptable) The Taylor Address (P.O. B											011 83811 1581	
Application	Suite, Apt. #, etc. Suite, Apt. #				#, etc.			DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent Name	City & State	City & State City & State					4. F		2			
RENDALL, MARILYN T729 BROKEN ARROW TRAIL WINTER PARK FL 32792 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, tondo or prefer have disposed agent and like if applicable. 9. PLINE corporation is originate to adjusted agent and like if applicable. Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Bection Campaign Financing Addition Trust Fund Contribution. Addition MAKE STRETA ADDRESS 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS 17. STRETA ADDRESS 17. ST	Zip	Co	untry	Zip Cour		try	5. (Certificate of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent					Namo	7. N	Name and Address of New	Registered A	gent		
### Addition #### ADDITIONS/CHANGES OFFICERS AND DIRECTORS #### Addition ###################################	KENDALI MARILYN						(POB	Box Number is Not Acceptab	le)			
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 Suppliers, speed or princed varie of segment depend of septembers agent store if applicable (NOTE Registered Agent alignature required when residually) DATE	•											
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	WINTER PARK FL 32792					City				Zip Code		
SIGNATURE	The above	named entity subr	nite this statement for th	e purpose of changing its	register		ered an	ent or both in the State of F	· • -	<u> </u>		
P. This corporated name of registered agent early it is intangible P. Tax filing requirement and elects to do so. (See critical on back) Tax filing requirement and elects to do so. (Make Check Payable to Department of State) Title MAME STREET ADDRESS CITY-ST-2P TITLE MAME S	o. The above	married entity sabi	this this statement for th	o purpose or origing to	rogiotori	od omoo or rogio.	.0.00 09					
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1 TITLE DST KENDALL DARREL H. 7729 BROKEN ARROW TR. WINTER PARK FL TITLE D KENDALL MARILYN J. 7729 BROKEN ARROW TR. WINTER PARK FL TITLE D KENDALL MARILYN J. 7729 BROKEN ARROW TR. WINTER PARK FL TITLE D Elete TITLE D CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D elete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D elete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D elete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D elete TITLE D elete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D elete TITL	SIGNATURE.	Signature, typed or printe	ed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature requi	red when re	einstating)	DATE			
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of the corporation of the receiver of thistee empowered to execute this report as required by chapter 607, Florida Statides, and that my harne appears in block 113 in block 12 in changed, or on an attachment with an addiges, with all other like empowered.	13. I hereby of indicated of the cor	on this report or si poration or the rec	upplemental report is tru eiver or trustee empowe	ue and accurate and that ne ered to execute this report	the exe	mption stated in ture shall have the	e same	legal effect as if made unde	r oath; that I ar	n an officer	or director	