2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # H76453** FANTASY KITCHENS AND BATHS, INC. 04-21-2000 90100 044 ***150.00 Principal Place of Business Mailing Address 2855 OCEAN DR OCEAN DR A-1 BEACH FL 32963 VERO BEACH FL 32963-2028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2582634 Not Applicable Zip Country.. _ Zip Country \$8.75 Additional 5. 'Certificate of Status Desired' Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCREWS, SANDRA B. Street Address (P.O. Box Number is Not Acceptable) 4555 -12TH STREET VERO BEACH FL 32966 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete TITLE SCREWS, SANDRA B. NAME **4555-12TH STREET** STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP STD ☐ Delete TIT1 F SCREWS, T. GRAYSON NAME NAME 4555-12TH STREET STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change . ☐ Addition TITLE TITLE NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED TAME OF SIGNING OFFICER OR DIRECTOR DATE OF DIRECTOR DATE OF DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING OF SIGNING OFFICER OR DATE OF SIGNING OFFICER OR DATE OF SIGNING OF SIGNING OFFICER OR DATE OF SIGNING OFFICER OR DATE OF SIGNING OF SIGNING OFFICER OR DATE OF SIGNING OF S