

DOCUMENT # J02603

1. Entity Name:  
NATIONAL TENANT IMPROVEMENTS, INCORPORATED

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90047 031 \*\*\*150.00

Principal Place of Business      Mailing Address  
% KENNETH PAUL BROWN      % KENNETH PAUL BROWN  
1591 ARROWHEAD TR.      1591 ARROWHEAD TR.  
ENTERPRISE FL 32725      ENTERPRISE FL 32725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
423 BIRD KEY DRIVE      423 BIRD KEY DR  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
MINNESOTA FL      MINNESOTA FL  
Zip      Zip  
34236      34236  
Country      Country  
USA      USA

4. FEI Number      59-2674042      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BROWN, KENNETH PAUL  
1591 ARROWHEAD TR.  
ENTERPRISE FL 32725

7. Name and Address of New Registered Agent  
Name      BROWN KENNETH PAUL  
Street Address (P.O. Box Number is Not Acceptable)  
423 BIRD KEY DRIVE  
City      MINNESOTA      FL      34236

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      *Kenneth Brown*      DATE      01/02/01  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)      ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.      ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	BROWN, KENNETH PAUL
STREET ADDRESS	1591 ARROWHEAD TRAIL
CITY - ST - ZIP	ENTERPRISE FL
TITLE	V <input type="checkbox"/> Delete
NAME	STULL, MARK A
STREET ADDRESS	1608 SAN REMO CR
CITY - ST - ZIP	HOMESTEAD FL 33035
TITLE	V <input type="checkbox"/> Delete
NAME	MASON, MARK
STREET ADDRESS	2433 OXFORD
CITY - ST - ZIP	DELAND FL 32724
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 another like empowered.

SIGNATURE:      *Kenneth Brown*      DATE      1/2/01      DAYTIME PHONE #      767 321-7051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)