2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am \$ DOCUMENT # J12975 **Secretary of State** 1. Entity Name 03-24-2002 90022 041 ***150.00 WALL SYSTEMS, INC. OF SOUTHWEST FLORIDA Principal Place of Business Mailing Address 4395 CORPORATE SQUARE 4395 CORPORATE SQUARE NAPLES FL 34104 NAPLES FL 34104 US 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2679657 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 JOHNSON, KIMBERLY LEACH Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL NORTH SUITE 204 NAPLES FL 34103 Zip Code City 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 PΩ CR2E034 (9/01) ☐ Addition TITLE ☐ Delete BUDD, RUSSELL A NAME STREET ADDRESS 5981 14TH AVE NW STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition VSD Delete TITLE TITLE **BUDD, RUSSELL A** NAME NAME STREET ADDRESS 5981 14TH AVE. NW STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP NAPLES FL 34119 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME FORD, GREGORY C. STREET ADDRESS STREET ADDRESS 2004 IMPERIAL GOLF COURSE BLVD. CITY-ST-ZIP CITY-ST-7IP NAPLES, FL 34110 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME HAAS, CRAIG L. STREET ADDRESS STREET ADDRESS 345 SWEET BAY LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34119 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME 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

SIGNATURE:

FILED