2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 16, 2000 8:00 am Secretary of State **DOCUMENT # K28181** 1. Entity Name ACAPULCO PLASTERS AND STUCCO, INC. 02-16-2000 90041 031 ***150.00 Principal Place of Business Mailing Address 16302 CARLTON LAKE RD 16302 CARLTON LAKE RD LITHIA FL 33547-1316 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address izabeth (ir Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2899888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired _______ Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SANDOVAL, CARLOS & GRACIELA Street Address (P.O. Box Number is Not Acceptable) 16302 CARLTON LAKE RD LITHIA FL 33547 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition TITLE ☐ Delete SANDOVAL, CARLOS NAMÉ NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 685 CITY-ST-ZIP CITY-ST-ZIP LITHIA FL ☐ Change Addition ☐ Delete TITLE TITLE SANDOVAL, GRACIELA NAME NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 685 CITY-ST-ZIP -CITY-ST-ZIP LITHIA FL ☐ Delete TITLE ☐ Change Addition TITLE 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 ☐ Delete √ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #