2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # K34352** TILE & MARBLE BY PETER, CORP. 04-19-2001 90333 046 ***150.00 Principal Place of Business Mailing Address 5657 SE LAMAY DR 5657 SE LAMAY DR STUART FL 34997 EGAGGUUU STUART FL 34997 us US 3. Mailing Address 2017 Spanish Trail 2. Principal Place of Business Suite, Apt. #, eto DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0071070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Address of Current Registered Agent 7. Name and Address of New Registered Agent **DUPUIS, PIERRE** 5657 SE LAMAY DR STUART FL 34997 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE □ Addition **DUPUIS. PIERRE** NAME NAME dupuis, l'ierre STREET ADDRESS 5657 SE LAMAY DR STREET ADDRESS CITY-ST-ZIP STUART FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

4/1/01 (561) 276-0689