FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2002 8:00 am Secretary of State K42250 DOCUMENT # 1. Entity Name 07-17-2002 90128 016 ***550.00 OPUS BOARDS, INC. Principal Place of Business Mailing Address 2210 S ATLANTIC AVENUE 2210 S ATLANTIC AVENUE 121786 COCOA BEACH FL 32931 COCOA BEACH FL 32931 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 65-0087371 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNDIN, GLENN T. Street Address (P.O. Box Number is Not Acceptable) 335 S. PLUMOSA AVE. #A **MERRITT ISLAND FL 32952** Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 5 ☐ Delete TITLE Change ☐ Addition NAME BAUGHER, ROBERT A. NAME STREET ADDRESS 2210 S ATLANTIC AVENUE STREET ADDRESS CITY, ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME BAUGHER, LAURA NAME STREET ADDRESS 2210 S ATLANTIC AVENUE STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-ZIP TITLE STuracco ☐ Delete TITLE ☐ Change ☐ Addition NAME KNIGHT, DEBORAH NAME STREET ADDRESS 2210 S ATLANTIC AVENUE STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: Marilli Maryla H

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