2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47225 Feb 26, 2000 8:00 am 1. Entity Name Secretary of State SPRAY-CRETE INDUSTRIES, INC. 02-26-2000 90022 043 ***150.00 Principal Place of Business Mailing Address 7906 HOPI PLACE 7906 HOPI PLACE TAMPA FL 33634-2418 TAMPA FL 33634 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2921143 Not Applicable Country \$8.75 Additional Zip 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHAMBLEN, J. GLEN Street Address (P.O. Box Number is Not Acceptable) 7906 HOPI PLACE **TAMPA FL 33634** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE SHAMBLEN, GLEN NAME NAME STREET ADDRESS 7906 HOPI PLACE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE **RONALD SHAMBLEN** NAME NAME 906 HOPI PLACE 98 S MAR DR STREET ADDRESS STREET ADDRESS TAMPR, FL 33634 CITY-ST-ZIP --CITY-ST-ZIP-☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ 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

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

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