2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K56372** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name B & F TILE AND DRYWALL, INC. 04-27-2000 90118 034 ***150.00 Mailing Address Principal Place of Business 175 LOUISE ST 175 LOUISE ST. · FT MYERS FL 33905-2734 FT. MYERS FL 33905 3. Mailing Address 2. Principal Place of Business 4421 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 0 Applied For 4. FEI Number City & State 65-0100403 Not Applicable 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 MORANDO MORANDO, FRED T., JR. Street Address (P.O. Box Number is Not Acceptable) 175 LOUISE STREET RIVER FT. MYERS FL 33905 GROVE LANE City 8. The above pamed antity submits this prater pant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I. MORANDO JR gnature, 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. President ☐ Addition ☐ Change ☐ Delete THTLE TITLE FRED TIMORANDO JR MORANDO, FRED T., JR. NAME NAME 4421 RIVER Grove lane STREET ADDRESS 175 LOUISE ST. STREET ADDRESS CITY-ST-ZIP MYERS *3390<u>5</u>* CITY-ST-ZIP FT. MYERS FL 33905 ☐ Addition TITLE ☐ Change Delete TITLE L. MORANDO Betty MORANDO, BETTY L. NAME NAME RIVER Grove LA STREET ADDRESS STREET ADDRESS 175 LOUISE ST. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33905 Change -Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Are change Shange Addition ☐ Delete NAME ADDIESS ADDRESS STREET ADDRESS CITY-ST CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 Justee 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 propriets.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

TORES .

FRED T. MORAND

MORANDO Je 4

4/10/00 9416941

Daytime Phone #