2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # K63421** 1. Entity Name ART-CRETE PRODUCTS, INC. 01-18-2000 90126 021 ***150.00 Mailing Address Principal Place of Business % RONALD L. HOPKINS 1231 S. RIDGEWOOD AVENUE 00004780 2836 OAK LEA DR. 2836 OAK LEA DR. S. DAYTONA FL 32119-3224 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2931282 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOPKINS, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 2836 OAK LEA DR. S. DAYTONA FL 32119 Zip Code City 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. pto at the still and for SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 (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 HOPKINS, RONALD L. NAME NAME STREET ADDRESS STREET ADDRESS 2836 OAK LEA DR. CITY-ST-ZIP CITY-ST-7IP SOUTH DAYTONA FL Change ☐ Addition TITLE Delete TITLE HOPKINS, CAROL G. NAME NAME STREET ADDRESS STREET ADDRESS 2836 OAK LEA DR. CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL Change Addition ☐ Delete TITLE 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 CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 this tee 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 an other section of the corporation or the receiver or this tee empowered.

1/7/2000 904-2525118

Daytime Phone #

FILED