## 2002 UNIFORM BUSINESS REPORT (UBR)

| 2002   | 2 UNI                                 | FORM BUSIN  | NESS REPU   | KI (UB  | K)               |  | Fal  | \ 17 <sup>-</sup> | 200          | 2 8.0                     | )() am                             |
|--|---------------------------------------|---|---|---|------------------|--|--|-------------------|--------------|---------------------------|------------------------------------|
| DOCUMENT # K67689  1. Entity Name C. N. S. DRYWALL, INC. |                                       |   |   |   |                  | Feb 17, 2002 8:00 am<br>Secretary of State<br>02-17-2002 90032 041 ***150.00 |  |                   |              |                           |                                    |
| Principal Plac<br>1428 HAMPTO<br>MELBOURNE               | ON PARK LAN                           |   | Mailing Address 1428 HAMPTON PARK LANE MELBOURNE FL 32940   |   |                  | 1  |  |                   | I            |                           | 1 <b>8 18 11 11 11 11 11 11 11</b> |
| 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 N   | FEI Number 59-2934695 Applied For Not Applicable |                   |              |                           |                                    |
| Zip  |                                       | Country   | Zip   | Country   |                  |  | cate of Stat                                     |                   |              | <b>\$8.75</b> A Fee Requi |                                    |
|  | 6. Name                               | and Address of Current Re   | gistered Agent  | Name  |                  | 7. Name  | and Addre  | ss of New F       | Registered   | Agent                     |                                    |
| Soler, Conrado<br>1348 Ashford Avenue, Northeast         |                                       |   | Street Address (  |   |                  | P.O. Box Number is Not Acceptable)   |  |                   |              |                           |                                    |
|  | Y FL 32907                            |   |   |   |                  |  |  |                   |              |                           |                                    |
|  |                                       |   |   | City  |                  |  |  |                   | FL           | Zip Co                    | de                                 |
| 9. This corpo  | Signature, typed                      | or printed name of registered agent and lible to satisfy its intangible and elects to do so.                                      | title if applicable. (NOTE:                                 | Registered Agent signa  ! FEE IS \$150 2 Fee will be \$ | ture required wi | hen reinstatir   | ng)<br>). Election (                             | Campaign Fi       | DATE         |                           | 00 May Be                          |
| 11.  |                                       | OFFICERS AND DI   | RECTORS   | 12.   |                  | ADDITIO  | ONS/CHAN   | GES TO OF         | ICERS AN     | D DIRECTO                 | RS IN 11                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |                                       | CONRADO<br>IFORD AVE., N.E.<br>Y FL   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                  |  |  |                   |              | ☐ Change                  | ☐ Addition                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                    | ST<br>SOLER, N<br>1348 ASH<br>PALM BA | IFORD AVE., NE  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                  |  |  |                   |              | ☐ Change                  | ☐ Addition                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |                                       |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                  |  |  |                   |              | ☐ Change                  | ☐ Addition                         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |                                       |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                  |  |  |                   |              | Change                    | ☐ Addition                         |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                 |                                       |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                  |  |  |                   |              | ☐ Change                  | Addition                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                    |                                       |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                   |                  |  |  |                   |              | ☐ Change                  | Addition                           |
| indicated<br>of the cor                                  | i on this repo<br>rporation or t      | e information supplied with th<br>rt or supplemental report is tr<br>he receiver or trustee empow<br>achment with an address, wit | ue and accurate and that m<br>ered to execute this report a | v signature shall :                                     | have the sa      | ime legal  | ettect as it.                                    | made under        | oath: that I | am an offic               | er or airector - I                 |

SECULA CUMA RESIDENCE CE CE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: