2002 Uniform Business Report (UBR)

changed, or on an attachment with an address

SIGNATURE:

Mar 26, 2002 8:00 am & Secretary of State K71340 DOCUMENT # 1. Entity Name 03-26-2002 90066 027 ***150.00 JCL FLOORING, INC. Principal Place of Business Mailing Address 4548 25TH CT., S.W. 4548 25TH CT., S.W. NAPLES FL 34116 NAPLES FL 34116 Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0106327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMB, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 4548 25TH CT., S.W. NAPLES FL 34116 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Fax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME LAMB, JOSEPH NAME STREET ADDRESS 4548 25TH CT., S.W. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE LAMB, JILL NAME STREET ADDRESS 4548 25TH CT., S.W. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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 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

FILED