FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am K79093 DOCUMENT # **Secretary of State** 1. Entity Name 03-11-2002 90019 018 ***158.75 RIEHL CEILINGS, INC. Principal Place of Business Mailing Address 4930 W COMMERCE ST. 4930 W COMMERCE ST. TAMPA FL 33616-2704 TAMPA FL 33616-2704 118 US 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 Number Applied For 59-2939472 Not Applicable Zip Country 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 RIEHL, ARTHUR J. Street Address (P.O. Box Number is Not Acceptable) 511 TALLAHASSEE DR NE SAINT PETERSBURG FL 33702-2711 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. SIGNATURE 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 Tax 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition CR2E034 (9/01 TITLE ☐ Delete TITLE Change RIEHL, ARTHUR J. NAME NAME STREET ADDRESS 511 TALLAHASSEE DR NE STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702-2711 CITY-ST-7IP THILE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ 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 ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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

REArthur GORiehl. 2/25/02 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

other like empowered.

changed, or on an attac