2000 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2000 8:00 am Secretary of State **DOCUMENT # K79205** 1. Entity Name WEST COAST TILE COMPANY, INC. 04-11-2000 90240 045 ***150.00 Principal Place of Business Mailing Address C/O JOHN R. FERRARO C/O JOHN R. FERRARO 819 PARADISE WAY **819 PARADISE WAY** SARASOTA FL 34230-6771 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address 3638 Country Place Blod DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0113690 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÙSA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FERRARO, JOHN R. Street Address (P.O. Box, Number is Not Acceptable) 819 PARADISE WAY SARASOTA FL 34242 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. MALO SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State Ø (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE FERRARO, JOHN NAME NAME 3638 Country Place Blod STREET ADDRESS 819 PARADISE WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34242 Change ☐ Addition □ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

R Junaro

1/4/00 (941) 926-2743

Daytime Phone #

☐ Change

☐ Addition