2000 UNIFORM BUSINESS REPORT (UBR) FILED May 09, 2000 8:00 am Secretary of State DOCUMENT # L14592 1. Entity Name CONVENIENT CARPET REPAIR, INC. 05-09-2000 90032 046 ***150.00 Principal Place of Business Mailing Address 8812 SE DUNCAN ST 8812 SE DUNCAN ST HOBE SOUND FL 33455-7205 HOBE SOUND FL 33455 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0147951 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GENSLER, MARTIN, JR. Street Address (P.O. Box Number is Not Acceptable) 8812 SE DUNCAN STREET HOBE SOUND FL 33455 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PCD ☐ Delete TITLE TITLE GENSLER, MARTIN JR. NAME NAME 8812 SE DUNCAN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOBE SOUND FL 33455** ☐ Addition VSD TITLE Change ☐ Delete TITLE GENSLER, LORI A NAME NAME STREET ADDRESS STREET ADDRESS 8812 SE DUNCAN ST CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 Change ☐ Addition TITL E □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 56/5450730
Date Daytime Phone #