2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am Secretary of State **DOCUMENT # L32900** 05-15-2000 90146 050 ***150 00 FLORIDA NATURAL STONE, INC. Principal Place of Business Mailing Address 4055 POINSETTA AVE P.O. BOX 34 EUSTIS FL 32727-0034 PO BOX 34 EUSTIS FL 32727-7034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2982823 Not Applicable Zip Zip Country \$8.75 Additional Country 5. "Certificate of Status Desired \square Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATRICK, GERALD W Street Address (P.O. Box Number is Not Acceptable) 4055 POINSETTA AV E MT DORA FL 32757 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 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, 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE Patrick, berald W. 4055 Poinse Tik Are PATRICK, GERALD W NAME STREET ADDRESS **40FF POINSETTIA AVENUE** STREET ADDRESS MT DOME, FL 32757 CITY-ST-ZIP CITY-ST-ZIP MT DORA FL 32757 ☐ Delete TITLE Change ☐ Addition TITLE HORN: VICKY L NAME NAME STREET ADDRESS 2075 PINETREE DRIVE, #G2 STREET ADDRESS CITY-ST-ZIP **BUFORD GA 30518** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PATRICK, GERALD A NAME NAME **4055 POINSETTA AVENUE** STREET ADDRESS STREET ADDRESS MT DORA FL 32757 CITY~ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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CITY-ST-ZIP