FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # L40617** 1. Entity Name FLORIDA SURPLY & CLEANING, INC. 01-10-2001 90136 029 ***158.75 Principal Place of Business Mailing Address 1681 STATE AVENUE 1681 STATE AVENUE HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address 710 Industrial 5+ 1710 Industrial DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2996272 Not Applicable as water. Country \$8.75 Additional Country 5. Certificate of Status Desired Volusia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SFERA, TRAJAN J Street Address (P.O. Box Number is Not Acceptable) 1681 STATE AVENUE HOLLY HILL FL 32117 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box 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. CR2E034 (10/00) Addition TITLE Change ☐ Delete SFERA, JON NAME NAME 5978 PELHAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE SFERA, TRAJAN J NAME NAME 2921 GASLIGHT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP S. DAYTONA FL 32119 CITY-ST-ZIP ✓ Addition ____Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 Change ☐ Defete TITLE 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 changed, or on an attachment with an appears with all other like empowered.

SIGNATURE

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