DOCUMENT # L54439  1. Entity Name  HAIG & HAIG STUCCO, INC.						FILED Feb 01, 2000 8:00 am Secretary of State					
Principal Place of Business Mailing Address								1-2000 900	_		
12344 WILES R CORAL SPRING US	D	12344 WILES RD CORAL SPRINGS FL 33076-2211 US					4 188118(1 884 BITH	2:5:) 0:600 (:);G	nii 818i) 515	21 <b>212</b> 11 <b>2121</b> 1 <b>2</b> 1	611 81811 18 <b>8</b> 1
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Г	OO NOT WRITE	IN THIS	SPACE	
City & State	e	City & State				4. F	El Number 6	5-0175726			pplied For ot Applicable
Zip	Country	Zip	Coun	itry		<b>5</b> . C	ertificate of Stat	us Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	l 	ļ		7. N	ame and Addre	ess of New Re	gistered	•	
	. Assemble			Name							
HAIG, MARK 6044 HOMELAND ROAD SUITE 7					ddress (F	P.O. Bo	x Number is No	t Acceptable)			
LAKE WORTH FL 33467				City						Zip Cod	de
0 The share		- AL			!		na b4b- i 4b	- Charte of Flori		•	
o. The above	named entity submits this statement for	the purpose of changing its	registen	ed once o	registere	eu age	an, or bour, in u	ie state di mon	ua.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	E. Begistere	d Agent signat	ure required	when rein	nstating)		DATE		
9 This corns	pration is eligible to satisfy its Intangible							•			
Tax filing requirement and elects to do so. After MAY 1, 2000 F					550.00			Campaign Fina d Contribution.			<b>)0</b> May Be d to Fees
11.	ria on back)  OFFICERS AND	Make Check Payab	e to De ■ 12.	epartmen	t of Stat		DITIONS/CHAN	GES TO OFFIC	ERS ANI	D DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITL	<u> </u>			56.16,6,,,,			☐ Change	Addition
NAME STREET ADDRESS	HAIG, ROBERT		NAM	E Et adoress							
CITY-ST-ZIP	22180 CRANBROOK BOCA RATON FL			-ST-ZIP							
TITLE	D	☐ Delete	TITL	Ē						☐ Change	Addition
NAME	HAIG, MARK		MAN								
STREET ADDRESS CITY-ST-ZIP	6044 HOMELAND ROAD LAKE WORTH FL			ET ADDRESS - ST-ZIP							
THILE -	S	Delete	mu							Change	Addition
NAME	HAIG, MARY		NAM								
STREET ADDRESS CITY-ST-ZIP	6044 HOMELAND ROAD LAKE WORTH FL			ET ADDRESS -ST-ZIP							
TITLE	DAKE WORLD IL	☐ Delete	TITLE							☐ Change	Addition
NAME			NAM	_							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		☐ Delete	TITLE				·			☐ Change	Addition
NAME Servi	र्यं <del>क</del>		NAM								
STREET ADDRESS City-St-Zip & &-	Service and a service			ET ADDRESS - St-Zip				L De Person			
TITLE	不安全の大学の大学のないないない。 インダー 大会社 イン・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	Delete	TITL	47 y 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	医外孢类 上門		\$35 ^6554 tat	Garre	-1327 S -	☐ Change	Addition
NAME			NAM	t	Ì			THE WARRANTS.	र्थान <b>१६ छ</b> ।	में जिस्ती अर्ज है	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			_	ক্রেন্তের ব্রুপ্ত ক্রেন্ত্র	ateg. T	•	
13. I hereby of indicated of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an action	this filing does not qualify for true and accurate and that n	the exe ny signa as requi	mption sta ture shall h red by Cha	ted in Sec ave the s apter 607,	ction 1 ame le , Florid	19.07(3)(i), Flori egal effect as if r a Statutes; and	da Statutes. I f nade under oa that my name	urther ce th, that I appears i	rtify that the i am an officer n Block 11 o	nformation or director r Block 12 if
changed,	or on an attachment with an address MARK HAIG	vitn all other like empowered. のためたき ためださかの のだら	) E E								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											