2003 FOR PROFIT CORPORATION

FILED Mar 27, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** L85621 DOCUMENT # 1. Entity Name 03-27-2003 90074 002 ***150.00 NICE STUFF, INC. Principal Place of Business Mailing Address 20 E BROADWAY 20 E BROADWAY OVIEDO FL 32765-7528 OVIEDO FL 32765-7528 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3017794 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Semino16 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRADDOCK, HUGH H JR Street Address (P.O. Box Number is Not Acceptable) 612 VALLEY STREAM DRIVE GENEVA FL 32732 City Zip Code 8. The above named entity submits this statement for purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Addition CRADDOCK, JACQUELYN B NAME NAME 612 VALLEY STREAM DRIVE STREET ADDRESS STREET ADDRESS GENEVA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition CRADDOCK, HUGH H JR NAME STREET ADDRESS 612 VALLEY STREAM DRIVE STREET ADDRESS CITY-ST-ZIP GENEVA FL CITY-ST-ZIP TITLE Delete -- -TITLE ~ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

(RADDOCK JR. 3/25/03 (407)366-3840

☐ Addition