2000 UNIFORM BUSINESS REPORT (UBR)

May 31, 2000 8:00 am DOCUMENT # M28466 Secretary of State 1. Entity Name 05-31-2000 90064 017 ***150.00 PETERSON LATHING, INC Principal Place of Business Mailing Address 8213 SW 13TH ST N LAUDERDALE, FL 33068-3519 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2644653 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSON, RONALD Street Address (P.O. Box Number is Not Acceptable) 8213 SW 13TH ST FT LAUDERDALE FL 33068-3519 Citv Zip Code 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) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (66/6) Delete TITLE Change Addition PETERSON, RONALD 8213 SW 13TH ST NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP LAUDERDALE, FL CITY - ST - ZIP TITLE Delete TITLE Change Addition PETERSON, SUZANNE 8213 SW 13TH ST NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CiTY - ST - ZIP N LAUDERDALE, FL TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Addition Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Change Addition Delete 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 % changed, or on an attackment with an address, with all other like empowered. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

Date