2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # M88042** May 02, 2000 8:00 am Secretary of State UNIFIED FLOOR. INC. 05-02-2000 90049 046 ***150.00 Principal Place of Business Mailing Address 9393 120TH LANE NORTH 9393 120TH LANE NORTH SEMINOLE FL 33772-2636 SEMINOLE FL 33772 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 59-2898543 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDSAY, FRED Street Address (P.O. Box Number is Not Acceptable) 9393 120TH LANE NORTH SEMINOLE FL 34642 Zip Code City 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. DATE 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 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition CD TITLE Delete LINDSAY, FREDRICK H. NAME NAME STREET ADDRESS STREET ADDRESS 9393 120TH LANE N. CITY-ST-ZiP CITY-ST-7IP SEMINOLE FL 33772 Change ☐ Addition ☐ Delete TITLE LINDSAY, FREDRICK H.,JR. NAME NAME STREET ADDRESS STREET ADDRESS 8213 SHERIDAN AVENUE SOUTH CITY-ST-7IP CITY-ST-ZIP **BLOOMINGTON MN 55431** ☐ Addition ---- Ki Change - Delete TITLE TITLE NAME NAME LINDSAY, STEVEN F. 4307 Tweed Drive STREET ADDRESS STREET ADDRESS 3308 5TH DR WEST 54703 Eau Claire, WI CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Change ☐ Addition TITLE TITLE ☐ Delete LINDSAY, MARJORY NAME NAME STREET ADDRESS STREET ADDRESS 9393 120TH LANE NORTH CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

NAME

STREET ADDRESS CITY-ST-7IP

Date

Daytime Phone #