2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P0000015481 M & J INTERIORS, INC. 2-28-2001 90022 024 ***150.00 Principal Place of Business Mailing Address 1422 DRAYTON COURT 1422 DRAYTON COURT ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3625291 Not Applicable Zip Country 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 LILLEY, MARK A Street Address (P.O. Box Number is Not Acceptable) 1422 DRAYTON COURT ORLANDO FL 32825 City 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 DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D ☐ Change Addition TITLE Delete TITLE LILLEY, MARK A NAME MAME STREET ADDRESS 1422 DRAYTON COURT STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-7IP TITLE Delete TITLE Change CeitibbA 🔲 STEWART, JAMES L JR. NAME MAME STREET ADDRESS 1422 DRAYTON COURT STREET ADDRESS City-st-7iP CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete THLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 empoyered 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 Nother like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

x22/01 (467)207-5644

CR2E034 (10/00)