## 2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am DOCUMENT # P00000025884 Secretary of State 1. Entity Name CREATIVE WALL SYSTEMS, INC. 02-13-2001 90585 022 \*\*\*158.75 Principal Place of Business Mailing Address 5969 BENT PINE DRIVE. #1810 5969 BENT PINE DRIVE. #1810 ORLANDO FL 32822 ORLANDO FL 32822 715880 2. Principal Place of Business 3. Mailing Address 7046 Herbor Point BLUD 1041*a* Harbor PointBul Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required orange Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, WILLIAM BOX Number is Not Acceptable 5969 BENT PINE DRIVE, #1810 ORLANDO FL 32822 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. D William Rogers TITLE TITLE ☐ Delete ☐ Addition ROGERS, WILLIAM NAME NAME 704 le Harbor Point Blew. STREET ADDRESS 5969 BENT PINE DRIVE, #1810 STREET ADDRESS orlando, FL. 32835. CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition James Quinn III 8807 Reservation DR QUINN, JAMES III NAME 2213 S CONWAY ROAD, APT. 1305 STREET ADDRESS STREET ADDRESS orlando, FZ. 32829. CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition 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 if changed, or on an attachment with an address, with all other like empowered.

William a Rogers