2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P0000057169 1. Entity Name TLP INDUSTRIES, INC. 03-14-2001 90489 020 ***150.00 Mailing Address Principal Place of Business 19100 SW 304TH STREET 19100 SW 304TH STREET HOMESTEAD FL 33030 HOMESTEAD FL 33030 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Zip Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GOLDSTEIN, PAMELA** Street Address (P.O. Box Number is Not Acceptable) 19100 SW 304TH STREET HOMESTEAD FL 33030 Zip Code e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ANNE Gray. MA TITLE Delete WATE TITLE GOLDSTEIN, PAMELA NAME 19100 SW 304 ST. STREET ADDRESS STREET ADDRESS 19100 SW 304TH STREET CITY-ST-7IP Homestead, FL 33030 CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Change TITLE Delete TITLE Timothy S. Gray 1910 St. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUMESTURY, FL 33030 CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME -NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 eiginature 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TED NAME OF SIGNING

FILED