Page 10/2 DOCUMENT # PODDODO 95073 1. Entity Name Southern Glass Protection, Inc. FILED 01 OCT 30 AM 10: 31 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 9260 N.W. 24ct. Same SUNRISCIFE 33322 Principal Place of Business 9260 N.W. 24 C+ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 1038003 \$8.75 Additional 5. Certificate of Status Desired of Current Registered Agent 7. Name and Address of New Registered Agent Vincent Ceraulo 9260 N.W. 24Ct. Street Address (P.O. Box Number is Not Acceptable) SUNRISH IFL 33322 Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing.requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PResident CR2E034 (5/01) ☐ Change Addition Vincent J. Ceraulo NAME VINCENT J. CERaulo 9260 N.W. 24ChansishFL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sec. -Treas. P/V/T/S/D/C/M Vincent Ceraulo □ Addition NAME NAME Same as above STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 400004694954--7 CITY-ST-ZIP CITY-ST-7IP 11/27/01--01044--007 DITE ☐ Delete ****150.00 *********150**-**39*** NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 diffect or 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.

1954)741-1969

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Pageror

October 19, 2001

Southern Glass Protection, Inc. 9260 N.W. 24 Ct. Sunrise, FL 33322 (954) 741-1969

Division of Corporation

After speaking with Robyn at your office (800) 514-0301 and explaining that the Uniform Business Report was not received. Due to the fact there was incorrect Corporation mailing address. They said to attach a letter stating that this form was not received, and that the late fee would be waived.

Sincerely,

Vince Ceraulo President