May 02, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR 05-02-2003 90747 024 ***150.00 DOCUMENT # P00000099817 1. Entity Name CREATIVE CONCEPTS BY THE MOP LADY, INC. 90123376 Principal Place of Business Maiting Address 8260 154TH COURT NORTH 8260 154TH COURT NORTH PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 3. Mailing Address 216 BIRCH 2. Principal Place of Business 216 BIRCH STREE Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For oynton 26-0050302 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired, -- 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HITCH, YICKI LEI 8260 154TH COURT NORTH PALM BEACH GARDENS, FL 33418 216 BIRCH STRECT 8. The above named entity symhils this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.> (NOTE: Reuisianal Agent signature required when reinstating) FILE NOVVIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. \Box 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS HITCH, VICKI Lei 216 BIRCH STREET TITLE Delete TITLE HITCH, VICKI LEI NAME NAMÉ 8260 154TH COURT NORTH STREET ADDRESS STREET ADDRESS Boynton BCH FL PALM BEACH GARDENS, FL 33418 CMY-ST-ZIP CITY-ST-ZIP FORTIN, GALY B TITLE ☐ Delete TITLE NAME FORTIN, GARY B NAME 10716 GREENWICH LANE STREET ADDRESS 284 VILLAGE BLVD., APT. 9110 STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZP TEQUESTA, FL 33469 Cff Y - 51 - 71P TITLE ☐ Delete TOLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TÜLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7IP Delete TISLE TITLE ☐ Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP Delete Change ☐ Addition 111 F TITLE NAMÊ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

571 - 313- 3988