2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2003 8:00 am **Secretary of State** 03-03-2003 90961 016 ***150.00 P00000112222 DOCUMENT # 1. Entity Name KNOTTS FINISH CARPENTRY, INC. Principal Place of Business Mailing Address 1910 J&C BOULEVARD 1910 J&C BOULEVARD NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address 1996 Seward Avenue 1996 Seward Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1059670 Naples, FL Naples, FL Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34109 34109 US Fee Required US 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELTON, CHRISTOPHER V *Naples-Lawdock, Inc. Street Address (P.O. Box Number is Not Acceptable) -18263-MORGAN-DRIVE-4501 Tamiami Trail N., #300 Naples, FL 34103 FORT MYERS FL 33912 City *Per Amendment 12/30/02 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. I am familiar with, and accept the obligations of negistered agent. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. - OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition LAWSON, STEVEN D NAME NAME STREET ADDRESS 1500 PELICAN AVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP TITLE Addition ☐ Delete Change TITLE WELTON, CHRISTOPHER V NAME NAME STREET ADDRESS STREET ADDRESS 18263 MORGAN DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 TITLE -- E-Change ☐ Addition SÕ □" Dēlete NAME DAVIS, JR. WILLIE J NAME STREET ADDRESS STREET ADDRESS 3051 INDIAN STREET CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33918 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-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME

12. 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 rustee-empoyered 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 accuracy for all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TE REQUIRCHRISTOPHER WELTON 2-20-03 GNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-597-6043

Daylime Phone #

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