FILED Aug 27, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P00000114425 DOCUMENT # 08-27-2002 90120 008 ***150.00 1. Entity Name HOLY QUEEN CABINETRY, INC. Principal Place of Business Mailing Address 7632 OLEANDER GATE DRIVE. #201 7632 OLEANDER GATE DRIVE, #201 NAPLES FL 34109 NAPLES FL 34109 3. Mailing Address 2. Principal Place of Business 7504 OLEANDER GATE 7504 OLEANDER GATE DRIVE # 604 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt.-#..etc.---#104 # 104 Applied For 4. FEI Number City & State City &:State 59-3703683 Not Applicable NAPles Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FUSCO. DANIEL F Street Address (P.O. Box Number is Not Acceptable) 7632 OLEANDER GATE DRIVE, #201 NAPLES FL 34109 Zip Code City 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 registered (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change TITLE ResideNT ☐ Delete TITLE FUSCO, DANIEL F 7504 OLEANDER GATE DRIVE # 10 FUSCO, DANIEL F NAME NAME 7632 OLEANDER GATE DRIVE, #201 STREET ADDRESS STREET ADDRESS NAPIES, FL 34109 NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Change ✓ Addition VΡ Delete TITLE WITHIAM H. MOITIS SHERMAN, CHRISTOPHER NAME NAME 789 10319 ST. NORTH 28090 DOVEWOOD CT APT 107 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPIOS, FL 34109 **BONITA SPRINGS FL 34135** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME MULLEN, RICK STREET ADDRESS 4331 BAY BEACH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

The Division of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, Fl Afforchments 476891 4800000114125

To Whom it May Concern,

In a phone conversation I had on August 9th I was informed that since I had not received the original mailing, all I needed to do was send in this letter explaining what had happened, and a check for 150.00 Thank you in advance for your help in this matter.

Thank you,

Daniel Fusco

President-Holy Queen Casmetry