2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mar 24, 2003 8:00 am Secretary of State P01000003345 DOCUMENT # 03-24-2003 90233 040 ***150.00 STRAIGHT LINE STUCCO, INC., Principal Place of Business Mailing Address 1665 SARATOGA DRIVE 1665 SARATOGA DRIVE TITUSVILLE FL 32796 TITUSVILLE FL 32796 3. Mailing Address 2. Principal Place of Business Snead Ct. 2336 Snead Ct. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Titus ville 4. FEI Number Applied For City & State 59-3709152 Titusville Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent David L POWELL, DAVID L Street Address (P.O. Box Number is Not Acceptable) 1665 SARATOGA DRIVE 2336 Snead Ct. TITUSVILLE FL 32796 City Titusville 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bottly in the State of Florida. I am familiar with, and accept the obligations of registered agent. David L. Powell , Plo SIGNATURE typed arinted name of registered agent and title if applicable. FILE NOW!!! 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE powell, David L 2336 Snead Ct. TITLE POWELL, DAVID L NAME NAME 1665 SARATOGA DRIVE STREET ADDRESS STREET ADDRESS Titusville FL 32780 CITY-ST-ZIP TITUSVILLE FL 32796 CITY-ST-ZIP Change 🔀 Addition TITLE SD ☐ Delete TITLE Powell, Sheri L 2336 Snead Ct. NAME POWELL, SHERI L STREET ADDRESS STREET ADDRESS 1665 SARATOGA DRIVE Titusville FL-32780 CITY-ST-ZIP: -CITY-ST-ZIP TITUSVILLE FL-32796 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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:

STURE RUGNUMEROVEH

R2F034 /10/02

FILED