2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

May 22, 2002 8:00 am Secretary of State DOCUMENT # P01000039692 1. Entity Name 05-22-2002 90186 045 ***150 00 DECOR CERAMIC DESIGN OF THE SUNCOAST, INC. Principal Place of Business Mailing Address 5420 KENSINGTON ST. 5420 KENSINGTON ST. SARASOTA FL 34232 SARASOTA FL 34232 Principal Place of Business 598 APEX Mailing Address Suite, Apt. #, etc. . DO NOT WRITE IN THIS SPACE City & State City & State Applied For SAHE 1094661 ato2 asi a 2 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent = voight, stephen f.esq. 🖃 👡 Street Address (P.O. Box Number is Not Acceptable) 2042 BEE RIDGE RD. SARASOTA FL 34239 MOUND City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TO THE PARTY OF PRESIDENT TITLE Delete. TITLE ☐ Addition CR2E034 (9/01) PATRICK HAXAIRE NAME NAME 1420 KENSTUGTON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 director of the corporation or the receives 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

ATTRICK HAXAIRE-PRESIDENT 03/19/02

(341)

FILED