

## Filing of Documents

We enclose the following documents for filing with your office:

August 29, 2001

Statement of Change of Registered Office and Registered Agent & \$35.00

PO1000053606

Please contact us if you have any questions.

To:

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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-09/04/01--01123--032  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

*Law Offices*

**Richard M. Georges, P.A.**

P.O. Box 14545  
St. Petersburg, FL 33733  
(727) 321-4420

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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& PAYNE

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Charter No. P01000053606

Date Filed May 31, 2001

**STATEMENT OF CHANGE OF REGISTERED OFFICE  
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: \_\_\_\_\_

PROFESSIONAL POLYURETHANE SYSTEMS, INC.

2. The name and address of its present registered agent is:

Richard M. Georges  
3656 First Ave. N.  
St. Petersburg, FL 33713

3. The name and street address to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

Ian Scargill

3899 Ulmerton Rd.

Clearwater, FL 33762

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

SAMUEL FERGUSON, President

(Typed or printed name and title)

Signature \_\_\_\_\_

(President or Vice President)

Date August 29, 2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name IAN SCARGILL

Signature \_\_\_\_\_

(Agent)

August 29, 2001

Date 8/29/01

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