FILED 8 8 9 Aug 04, 2003 8:00 am 8

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075429 1. Entity Name A BETTER CEILING, INC.						Secretary of State 08-04-2003 90137 041 ***150.00					
Principal Place of Business 104 YACHT CLUB DR JUPITER FL 33477		Mailing Address 104 YACHT CLUB DR JUPITER FL 33477			20140200						
2. Principal P	lace of Business	3. Mailing Address					11 141 00 11 0 11 0 41 00 111 0 0141 0		41 4 1311 616 16	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & Stat	e	City & State			4. FEI Nymber Applied For Not Applicable						
Zip	Country	Zip	Zip Cour		,	5. Certificate of Status Desired S8.75 Additional Fee Required			itional		
6. Name and Address of Current Registered Agent						7. Name and	Address of New Regi	stered Ag	ent		
					Name ALICE E.GOLD						
SPIEGEL & UTRERA, P.A.				Stre	Street Address (BO, Box Number is Not Acceptable)						
1840 SW 22 ST 4 FLR					104 YH	CHT CU	IB DR				
miami fl	33145										
				City	JUPITE	ED		FL	Z4-600	177	
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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00											
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							ction Campaign Financet Fund Contribution.	cing		May Be to Fees	
10.	OFFICERS AND	DIRECTOR	S	11,		ADDITIONS/0	CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOLD, NICHOLAS G 104 YACHT CLUB DR JUPITER FL 33477		☐ Delete	THTLE NAME STREET ADDR CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME	VT GOLD, ALICE E 104 YACHT CLUB DR		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP-	JUPITER: FL 33477		بميمان راحد جيير	STREET ADDF	I		and the second				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDR	RESS			C	☐ Change	Addition	
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDR					☐ Change	Addition	
CITY-ST-ZIP				CITY-ST-ZIP							
	ertify that the information supplied with	this filing de	oes not qualify for the		L	tion 119.07(3)(i)	, Florida Statutes. I fur	ther certify	that the in	formation	

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:

Attachment

PREPARTD IA
DATE