2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2003 8:00 am Secretary of State P02000100027 DOCUMENT # 04-22-2003 90050 022 ***150.00 1. Entity Name PREMIER INDUSTRIES INC. Principal Place of Business Mailing Address 1506 13TH STREET WEST 1506 13TH STREET WEST PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Apt. #, etc. A CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 72-387*a 6* Not Applicable Country US Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTERSON, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1506 13TH STREET WEST PALMETTO FL 34221 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. I am familiar with, and accept the obligation 4-18-03 SIGNATURE egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE ☐ Change ☐ Addition PATTERSON, CHARLES NAME NAME 1506 13TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIE PALMETTO FL 34221 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change PATTERSON, CYNTHIA L NAME NAME STREET ADDRESS STREET ADDRESS 1506 13TH STREET WEST CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete Change NAME NAME SCOTT, KENNETH STREET ADDRESS STREET ADDRESS 10527 COUNTY RD 672 CITY-ST-ZIP CITY-ST-ZIE **RIVERVIEW FL 33569** ☐ Delete Change ☐ Addition TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 10 or Block 11 if

Daytime Phone #

changed, or on an attache

SIGNATURE: