FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91071 020 ***150.00

DOCUMENT # P 92000012525

1. Entity Name
Sharp Wall Systems, Inc.
4985 North Palm Avenue
Winter Park, Florida 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4985 North Palm Ave.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Winter Park Florida	4985 North Palm Ave
City & State	City & State
	Winter Park Florida
Zip: 32792 Country: ORANGE	Zip: 32792 Country: ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3159308 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Timothy R. Moorhead, Esq.
Street Address (P.O. Box Number is Not Acceptable): 145 North Magnolia Avenue
City: ORLANDO FL Zip Code: 32802

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elton Johnson President Secretary 1106 Gator Lane Winter Springs FL 32708	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Elton Johnson President 3-14-03 (407) 678-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #