FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State P92000015402 DOCUMENT # 1. Entity Name 02-13-2002 90158 037 ***150.00 VINYL PRODUCTS, INC. Principal Place of Business Mailing Address 1709 W LEMON STREET 1709 W LEMON STREET 80024914 TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3158870 Not Applicable Zip Country 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 STEWART, RODNEY S Street Address (P.O. Box Number is Not Acceptable) 1709 W LEMON STREET TAMPA FL 33606-1030 -City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ijħ. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME STEWART, RODNEY S NAME STREET ADDRESS 10419 GREENDALE DR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33626 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME KING, LESLIE J. NAME STREET ADDRESS 1006 FEATHER STONE CIR. STREET ADDRESS CITY-ST-ZIP OCOEE FL 34761 CITY-ST-ZIP TITLE ☐ Delete TITLE ST Change ☐ Addition NAME NAME FOSTER, KENTON STREET ADDRESS STREET ADDRESS 2521 CLARK RD. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TRECOURSE Rodney S. Stewart
Date OF SIGNING OFFICER OR DIRECTOR