2001 UNIFORM BUSINESS REPORT (UBR)

May 23, 2001 8:00 am Secretary of State DOCUMENT#: P99000025631 05-23-2001 90691 017 ***150.00 1. Entity Name KWIK Dry CANDET-Upholitony P930000 69197 Principal Place of Business 553535 7441 DUNDEE CT. 7441 DUNDEE CT. SPRING HILL FL 34613 SPRING HILL FL 34613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-31/3-4a-3 Not Applicable Zip Ziα 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 CRESCENZO, KIM Street Address (P.O. Box Number is Not Acceptable) 7441 DUNDEE CT. SPRING HILL FL 34613 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 Signature, typed or printed name of registered agent and title if applicable. (-OTE Registered Agent signature required when reinstaling) After MAV.1, 2001 Fee Willibe \$550.00 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. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. 12. Change Addition TITLE Delete TITLE CRESCENZO, KIM NAME 7441 DUNDEE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL 34613 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-Z-P CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delote NAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 filling does not qualify or 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 the limit my signature shall have the same logal 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

STREET ADDRESS

CITY-ST-ZIP

HTHE NAME

SIGNATURE

TITLE

NAME STREET ADDRESS

CHTY - ST- ZIP

, Delete

Precesso Pies 4-27-01 (352) 584-8822

FILED

☐ Change

☐ Addition