FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 06, 2002 8:00 am Secretary of State P93000077824 DOCUMENT # 1. Entity Name 08-06-2002 90131 003 ***150.00 MANTLES 'N STONES, INC. Principal Place of Business Mailing Address 6441 WELLINGTON DR. P.O. BOX 1525 ORLANDO FL 32819 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3226763 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TATTERSFIELD, ANTHONY E Street Address (P.O. Box Number is Not Acceptable) 6441 WELLINGTON DR. ORLANDO FL 32819 City 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 obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$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. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CEOD TITLE ☐ Delete TITLE Change ☐ Addition TATTERSFIELD, ANTHONY NAME NAME 6441 WELLINGTON DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME Tattersfield, Peter D NAME 1855 GRIFFIN ROAD, A-262 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DANIA FL 33004** TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 eport 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if an address, with all other-like empowered. changed, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

CR2E034 (4/02)

Afterdiment 676498
July 3/2002 P93000077824
This form was received in our
Office on July 29 2002. The only
one we received Tunk you.
The Sales
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