2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am § Secretary of State DOCUMENT # P93000085500 1. Entity Name 03-26-2002 90049 011 ***150.00 SURFACE CENTER, INC. Principal Place of Business Mailing Address 3359 BEABSO AVE 2007 WOOD COURT TAMPA FL 99618 STE #4 PLANT CITY FL 33567 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 59-3211975 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name im SANDERS, WALTER Street Address (P.O. Box Number is Not Acceptable) 3355 BEARSS AVE Tampa FL 33618 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. of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 ⁴9. 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. П Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change Addition HOCH, KIM NAME NAME STREET ADDRESS **802 MENDONSA RD** STREET ADDRESS CITY-ST-ZiP PLANT CITY FL 33566 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME BARBEE, WILLIAM R NAME STREET ADDRESS 3507 SPRINGVILLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 TITLE ☐ Delete TITLE ☐ Change ☐ Addition D NAME NAME HOCH, TIM STREET ADDRESS STREET ADDRESS **802 MENDONSA RD** CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 Delete TITLE TITI F 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-7IP 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 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,

URE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

FILED