2002 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P9400000578 1. Entity Name 04-10-2002 90756 046 ***150 00 BLUE PALM CABINETS, INC. Principal Place of Business Mailing Address BLUE PALM CABINETS INC. 2436 EMERSON A. S. ከበበወቀሰባል 2436 EMERSON A.S. ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 US US Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3253768 Not Applicable \$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 PEMBERTON, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 350 GULF BLVD. INDIAN: ROCKS BEACH FL 34635 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 NAME PEMBERTON, JOSEPH A NAME 350 GULF BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH FL 34641 CITY-ST-ZIP ☐ 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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: /