2000 UNIFORM BUSINESS REPORT (UBR)

n address, with all other like

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P9400001647 May 26, 2000 8:00 am Secretary of State SUNDEK BY SUNCOAST DECKING, INC. 05-26-2000 90041 023 ***150.00 Principal Place of Business Mailing Address 2100 WORRINGTON ST. 2106 WORRINGTON ST. SARASOTA FL 34231 GARASOTA FL 34233-3443 2. Principal Place of Business 3. Mailing Address 4569 SAMUEL ST. 4569 SAMUEL 44.55 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UNIT # C **フル IT** 井(Çity & State City & State 4. FEI Number Applied For 65-0496526 FL Not Applicable SARASOTA SARASOTA Country Country \$8.75 Additional 5. Certificate of Status Desired S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOLUSKI, CHRIS KOLOSKI, CHRIS R KOLOSKI, CHRIS R Street Address (P.O. Box Number is Not Acceptable) 2106 WORRINGTON ST. SARASOTA FL 34281 EAGLENOOK WAY OSPREY mits this statement for the purpos of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE (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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete Change TITLE KOLOSKI, CHRIS R. KOLOSKI, CHIRS MAME NAME 501 ÉAGLENOOK WAY 2106 WORRINGTON ST STREET ADDRESS STREET ADDRESS 05PRE4, FL. 3-13-3 34229 SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE DOCE MOLINA, JOSE O JOHNSON, GILBERTY NAME NAME 1204 26 TH AVE W 2304 SEWARD-DR. STREET ADDRESS STREET ADDRESS BRADENTON, EL 34205-SARASOFAT FL 34234 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change **Addition** Delete TITLE NELSON GEOVANNY NELSON MOLINA, JOSE O NAME NAME 1204 267# AVE. W 1118 17THL87 WEST APT B STREET ADDRESS STREET ADDRESS 34205 BRADENTON FL. CITY-ST-ZIP BRADENTON FL 34205 CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-7IP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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! am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CHRIS KOLOSKI