2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINCETOR

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P94000075886 1. Entity Name PRESTIGE GUNITE OF FORT MYERS, INC. 04-10-2001 90057 024 ***150.00 Mailing Address Principal Place of Business 7228-C WESTPORT PLACE 16401 OLD S HWY 415 W PALM BEACH FL 33413 FT MYERS FL 34981 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0533181 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAHONEY, BRIAN Street Address (P.O. Box Number is Not Acceptable) 7228-C WESTPORT PLACE W PALM BEACH FL 33413 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MAHONEY, BRIAN STREET ADDRESS STREET ADDRESS % 7228-C WESTPORT PLACE CITY-ST-ZIP CITY-ST-7IP W PALM BEACH FL ☐ Addition □ Change TITLE □ Delete TITLE ST NAME NAME CORNELIUS, PATTI STREET ADDRESS STREET ADDRESS % 7228-C WESTPORT PLACE CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL. Change ☐ Addition ☐ Delete TITLE 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-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 13. I hereby certify that the information supplied with this filling 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 impowered 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.

Daytime Phone #