2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am Secretary of State P94000081681 DOCUMENT # 1. Entity Name DION PLASTERING, INC. 05-28-2002 91632 016 ***550 00 Principal Place of Business Mailing Address 397 SW RIVERWAY BLVD 397 SW RIVERWAY BLVD PALM CITY FL 34990-4254 PALM CITY FL 34990-4254 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 65-0541003 Not Applicable Zip Country Country \$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 DION, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 397 SW RIVERWAY BLVD PALM CITY FL 34990-4254 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) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \$1.1 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DION, RICHARD J NAME NAME 397 SW RIVERWAY BLVD STREET ADDRESS STREET ADDRESS PALM CITY FL 34990-4254 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DION, VIRGINIA B NAME STREET ADDRESS 397 SW RIVERWAY BLVD STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990-4254 CITY-ST-ZIP TITLE ☐ Delete TITI F Addition BENSON, ROBERT L. NAME NAME STREET ADDRESS 1608 16TH LANE STREET ADDRESS CITY-ST-ZIP **GREEN ACRES FL** CITY-ST-ZIP AVP TITLE ☐ Delete TITLE Addition ROGUS, SEAN NAME NAME STREET ADDRESS **802 REVELS LANE** STREET ADDRESS CITY-ST-ZIE FT. PIERCE FL 34954 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

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

SIGNATURE:

GNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

CR2E034 (9/01)

FILED