2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000088492** DUBOIS RUG DESIGNS, INC. 04-30-2001 90109 036 ***150.00 Principal Place of Business Mailing Address 3170 N FEDERAL HWY, 100 3170 N FEDERAL HWY, 100 LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address AS ABOVE As Above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0538012 Not Applicable Zip Country Zip 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 Name DUBOIS, AMY C Street Address (P.O. Box Number is Not Acceptable) 3170 N FEDERAL HWY, 100 LIGHTHOUSE POINT FL 33064 City Zip Code FL 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, operation :ed 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, 2001 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 11 TITLE ☐ Delete ☐ Addition ☐ Channe NAME DUBOIS, AMY C NAME STREET ADDRESS STREET ADDRESS 2911 NE 40TH COURT CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 TITLE ☐ Delete TITLE Change ☐ Addition NAME DUBOIS, RICHARD E NAME STREET ADDRESS STREET ADDRESS **2911 NE 40TH COURT** CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 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 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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 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.

Dubois, President 4-24.01