2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P95000018801 1. Entity Name WALTER BIERNACKI FLOORING SPECIALIST INC. 04-24-2001 90060 009 ***150.00 Principal Place of Business Mailing Address 8108 WASHINGTON ST 8108 WASHINGTON ST PORT RICHEY FL 34668 PORT RICHEY FL 34668 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 59-3304168 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIERNACKI, WALTER Street Address (P.O. Box Number is Not Acceptable) 8108 WASHINGTON ST PORT RICHEY FL 34668 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, typed or printed name of registered agent and title if applicable (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, 2001 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 OFFICERS AND DIRECTORS 11. 12. Addition Change TITLE ☐ Delete TITLE BIERNACKI, WALTER J NAME NAME STREET ADDRESS 8108 WAHSINGTON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Change ☐ Addition ☐ Delete TITI F TITLE BIERNACKI, DEBORAH NAME NAME STREET ADDRESS 8108 WAHSINGTON ST STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Change ☐ Addition Delete TITLE TITLE BIERNACKI, WALTER NAME NAMÉ STREET ADDRESS 8108 WASHINGTON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 rice President neborah Biernack 108 Washington ST ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

eborah Biernacki 4/17

4/17/01

727-841-9841

Daytime Phone #