2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATORS AND TVE

SEAN

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONE S

SIGNATURE:

FILED DOCUMENT # P95000029766 Apr 14, 2000 8:00 am Secretary of State PERFECT LAY FLOORCOVERING INC. 04-14-2000 90086 024 ***150.00 Principal Place of Business Mailing Address 147 PLANTATION RD PO BOX 475 DEBARY FL 32713 **DEBARY FL 32713-0475** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FELNumber 59-3310238 Not Applicable Zip 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 Name JONES, SEAN Street Address (P.O. Box Number is Not Acceptable) 147 PLANTATION ROAD DEBARY FL 32713 Zip Code City 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change ☐ Addition JONES, SEAN STREET ADDRESS 147 PLANTATION RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEBRAY FL 32713 TITLE TITLE Change ☐ Addition Delete NAME JONES, MELISSA NAME STREET ADDRESS STREET ADDRESS 147 PLANTATION RD CITY-ST-ZIP DEBRAY FL 32713 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 I am an officer or director of the corporation or the receiver of 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 withlan address, with all other like empowered.