FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2002 8:00 am Secretary of State P95000042046 DOCUMENT # 1. Entity Name KITTLE'S FLOORING COMPANY 04-10-2002 90783 011 ***158.75 Mailing Address Principal Place of Business 197 S.W. 20TH WAY 197 S.W. 20TH WAY DANIA FL 33004 DANIA FL 33004 US 3. Mailing Address 2. Principal Place of Business 2330 Sw 5W. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 106 Applied For City & State City & State 4. FEI Number 65-0585617 Not Applicable OOPEC \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KITTLE, DAN Street Address (P.O. Box Number is Not Acceptable) 197 S.W. 20 WAY DANIA FL 33004 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) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01)Addition Change **PSD** ☐ Delete TITLE TITLE KITTLE, DAN NAME NAME STREET ADDRESS STREET ADDRESS 197 SW 20 WAY CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 Change ☐ Addition ☐ Delete TITLE TITLE KITTLE, CHERYL NAME STREET ADDRESS 197 SW 20 WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DANIA FL 33004** Change Addition ☐ Delete TITLE TITLE NAME NAME PUGLIESE: RANDY STREET ADDRESS STREET ADDRESS 197 SW 20 WAY CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE 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 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 y 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 the point as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE

changed, or on an attachment with an address, with a