2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P95000053806 CARPENTER PLUS, INC. 04-25-2001 90375 023 ***150.00 Principal Place of Business Mailing Address 1560 SW 55 AVE 1560 SW 55 AVE DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address 1580 SW 55 AVE 1580 SW S5 Ave Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Plaulation City & State 4. FEI Number Applied For 65-0598870 Not Applicable \$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 BASANTA, MARY 9. Box Number is Not Acceptable DR 5520 SW 164TH TERRACE FORT LAUDERDALE FL 33331 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAPOLITANO, DEAN NAME NAME STREET ADDRESS 2032 SW 81ST WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 OLITANO JANICE OCHANGE ☐ Delete NAPOLITANO, JANICE STREET ADDRESS 1660 ESTATE CIR. STREET ADDRESS PERVILLE, IL 60565 CITY-ST-ZIP CITY-ST-ZIP NADERVILLE IL 60565 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Delete Addition TITI F ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

(954) 924 - 3567

Daytime Phone !