2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 17, 2003 8:00 am Secretary of State P95000056859 DOCUMENT # 04-17-2003 90199 028 ***150.00 1. Entity Name A & G FLOOR COVERING, INC. Principal Place of Business Mailing Address 11220-23 METRO PKWY #15 11220-28 METRO PKWY # 15 FT MYERS FL 33912 FT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0606258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent :- **-6. Name and Address of Current Registered Agent Name RALEIGH, BRADLEY Street Address (P.O. Box Number is Not Acceptable) 1120-15 METRO PKWY FT MYERS FL 33912 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE RALEIGH, BRADLEY NAME NAME 205 SW 8 STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33991 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME RALEIGH. RUTH NAME STREET ADDRESS 205 SW 8 STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP TITLE --. . Delete و يعني جود 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-7IP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address.