2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am⁵ Secretary of State DOCUMENT # P96000064988 05-16-2001 90372 025 ***150.00 NOBLES CABINET AND TILE COMPANY, INC. Principal Place of Business Mailing Address 779 US 41 BYPASS SOUTH 779 US 41 BYPASS SOUTH A0066628 VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4, FEI Number City & State Applied For 65-0690783 Not Applicable Country Country Zip Zip \$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 NOBLES, ROBERT L 5868 LINCOLN RD VENICE FL 34293 5876 Lincoln Rd. 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 П 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 Change ☐ Addition TITLE ☐ Delete TITLE Nobles, Nancy 5874 Lincoln Rol NAME NOBLES, NANCY NAME STREET ADDRESS 5868 LINCOLN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Venice FL 34293 VENICE FL 34293 ☐ Delete TITLE Change ☐ Addition Nobles, Elaine NAME NOBLES, ELAINE NAME 703 FlovenceSt. STREET ADDRESS STREET ADDRESS 5868 LINCOLN RD CITY-ST-ZIP CITY-ST-ZIP Nokomis FL 34275 VENICE FL 34293 ☐ Delete TITLE TITLE **™** Change ☐ Addition Nobles, Robert L. 5876 Lincoln Rot NAME NAME NOBLES, ROBERT L STREET ADDRESS STREET ADDRESS 5868 LINCOLN RD CITY-ST-ZIP Venice, FC 37293 CITY-ST-ZIF VENICE FL 34293 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME

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 applicacy, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

STREET ADDRESS

CITY-ST-ZIP

L. Nobles Apr 30, 2001 941-484-3393