2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR VAINTED NAME OF

Feb 26, 2001 8:00 am Secretary of State DOCUMENT # P96000079042 MAJESTIC FLOORING, INC. 02-26-2001 90517 018 ***150.00 Mailing Address Principal Place of Business 813 U.S. HWY 41 NORTH 813 U.S. HWY 41 NORTH RUSKIN FL 33570 RUSKIN FL 33570 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEi Number City & State City & State 59-3406515 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, DANIEL M SR. Street Address (P.O. Box Number is Not Acceptable) 813 U.S. HWY 41 NORTH RUSKIN FL 33570 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change PVTD ☐ Delete TITLE TITLE SMITH, DANIEL M SR NAME NAME STREET ADDRESS STREET ADDRESS 813 US HWY 41 N CITY-ST-ZIP CITY-ST-7IP **RUSKIN FL** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED