2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # P96000089443 05-18-2001 91554 024 ***150.00 1. Entity Name Bill Rich Custom Floor Covering, Inc. Mailing Address 4723 SW 51st Street 3 4723 SW 51st Street Bay #22 Bay #22 Ft. Laud., JEL 33314 Et. Laud., FL 333144 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0710335 Not Applicable Zip Zip -Country -Country \$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 Name 13324 NW 11th Place Street Address (P.O. Box Number is Not Acceptable) Sunrise, FL 33323 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOWIII/FEE IS \$150.00 "After MAY-1: 2001 Fee will be \$550.00." Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.771/2 12. Didi Morrisseau 1,45 Sec. 25. 13324 NW 11th Place STREET ADDRESS STREET ADDRESS Sunrise, FL 33323 CITY-ST-ZIP TITLE NAME = 5 F 32 NAME _____ And the second s STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE y kr TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete -NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change - ☐ Addition 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 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 admess, with all other like empowered.

SIGNATURE: